



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 030 ***150.00

DOCUMENT # P03000040145 1. Entity Name SL DISTRIBUTORS, INC.																					
Principal Place of Business 4400 NW 30TH STREET COCONUT CREEK, FL 33066			Mailing Address 4400 NW 30TH STREET COCONUT CREEK, FL 33066																		
2. Principal Place of Business Suite, Apt. #, etc. #426 City & State Zip 		3. Mailing Address Suite, Apt. #, etc. #426 City & State Zip 																			
4. FEL Number 81-0606831				Chg-P CR2E034 (10/03) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY #103-H LIGHTHOUSE POINT, FL 33064																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 103C City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Angela Dicresenzo</i></u> DATE <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIND, STUART</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4400 NW 30TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT CREEK, FL 33066</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	LIND, STUART	STREET ADDRESS	4400 NW 30TH STREET	CITY-ST-ZIP	COCONUT CREEK, FL 33066	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																					
SIGNATURE: <u><i>Stuart Lind</i></u> Date <u>APRIL 19 04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					