

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90010 037 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000063607**

1. Entity Name  
**SLL ENTERPRISES, INC.**



**24078064**

Principal Place of Business  
**4816 NORTH STATE RD 7  
306  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**4816 NORTH STATE RD 7  
306  
COCONUT CREEK, FL 33073 US**



06022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**10156 Boca Palm dr**

3. Mailing Address  
**10156 Boca Palm dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boca Raton Florida**

City & State  
**Boca Raton Florida**

4. FEI Number  
**13-4254031**

Applied For  
Not Applicable

Zip Country  
**33498 Palm Beach**

Zip Country  
**33498 Palm Beach**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MATMON, SHACHAR  
4816 NORTH STATE RD 7  
306  
COCONUT CREEK, FL 33073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

*[Signature]*

**Shachar Matmon**

**7/28/04**

**FILE NOW!!! - FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MATMON, SHACHAR  
4816 NORTH STATE RD 7 # 306  
COCONUT CREEK, FL 33073** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
MATMON, SHACHAR  
4816 NORTH STATE RD 7 #306  
COCONUT CREEK, FL 33073** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/04**

Date

**5617560855**

Daytime Phone #