

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90053 048 ***150.00

DOCUMENT # P04000100847

1. Entity Name

E. SLOCUM INVESTMENT, INC.



Principal Place of Business
6257 NW 18TH AVENUE
MIAMI FL 33147

Mailing Address
6342 NW 18TH AVENUE
MIAMI FL 33147

2. Principal Place of Business - No P.O. Box #

MIAMI FL 33147

3. Mailing Address

MIAMI FL 33147

Suite, Apt. #, etc.

MIAMI FL

City & State
33147

Zip
33147

Country

Dade

Suite, Apt. #, etc.

MIAMI FL

City & State
33147

Zip
33147

Country

Dade

1st MOORE

CR2E034 (10/06)

4. FEI Number 14-1911703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVEAUX, MONIQUE
1823 NW 70TH STREET
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name Everett Slocum

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

19000 NW 42ND PL

MIAMI Gardens

City

FL

33055

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

Everett Slocum

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME SLOCUM, CHARLES
STREET ADDRESS 13920 NW 14TH AVENUE
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

TITLE DP
NAME SLOCUM, EVERETTE
STREET ADDRESS 19000 NW 42ND PLACE
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE D
NAME SLOCUM, EVERETTE JR
STREET ADDRESS 3471 NW 209TH TER
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE S
NAME DEVEAUX, MONIQUE
STREET ADDRESS 1823 NW 70TH STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ 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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CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemptions contained in Section 119, 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:

Everett Slocum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-06-07 3053050547

Date

Daytime Phone #