## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000100847

Entity Name: E. SLOCUM INVESTMENT, INC.

1823 NW 70TH STREET

MIAMI, FL 33147

Address:

City-St-Zip:

FILED Jun 13, 2009 Secretary of State

Littly Nai	ile. E. SLO	CONTINVESTMENT, INC.				
Current P	rincipal Pla	ce of Business:	New Princi	New Principal Place of Business:		
6257 NW 1 MIAMI, FL	18TH AVENI 33147	JE				
Current M	ailing Addr	ress:	New Mailing Address:			
6342 NW 1 MIAMI, FL	18TH AVENU 33147	JE				
FEI Number:	14-1911703	FEI Number Applied For()	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
19000 NW	EVERETTE 92 M RDENS, FL					
	named entit e of Florida.	ry submits this statement for the pu	urpose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electr	onic Signature of Registered Ager	nt	Date		
		193(2)(b), F.S., the corporation did not sing Trust Fund Contribution ( ).	receive the prior notice	э.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SLOCUM, CH	4TH AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DP SLOCUM, EV 19000 NW 4 MIAMI, FL 3	2ND PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	DSVP DEVEAUX, M	( ) Delete MONIQUE	Title: Name:	DSVP (X) Change ( ) Addition DEVEAUX, MONIQUE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

19000 NW 42ND PL

MIAMI GARDENS, FL 33055

SIGNATURE: EVERETTE W SLOCUM D 06/13/2009