

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000108215

1. Entity Name
SLIM INVESTMENTS CORP.



Principal Place of Business
6600 N. ANDREWS AVENUE
SUITE 306
FORT LAUDERDALE, FL 33009

Mailing Address
6600 N. ANDREWS AVENUE
SUITE 306
FORT LAUDERDALE, FL 33009



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1383575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLECKER, STEVEN
6600 N. ANDREWS AVENUE
SUITE 306
FORT LAUDERDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000600722
01/26/07-80018-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BLECKER, STEVEN
6600 N. ANDREWS AVENUE #306
FORT LAUDERDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEWINGER, RICARDO
6600 N. ANDREWS AVENUE #306
FORT LAUDERDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/22/07

Date

954 493 6500
Daytime Phone