
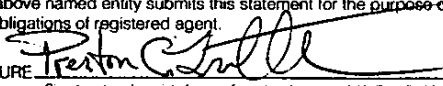
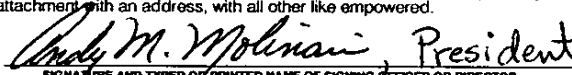


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90569 005 \*\*\*150.00

<b>DOCUMENT # P04000154625</b> 1. Entity Name <b>L.B. SLATER REALTORS AND APPRAISERS, INC.</b>					
Principal Place of Business <b>128 N DIXIE HWY HOLLYWOOD, FL 33020</b>			Mailing Address <b>128 N DIXIE HWY HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2444 Polk St. #107</b> Suite, Apt. #, etc. <b>#107</b>			
City & State Zip		City & State <b>Hollywood, FL</b> Zip <b>33020</b>		Country <b>Broward</b>	
4. FEI Number				<input checked="" 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  <b>MOLINARI, ANDRE M 128 N DIXIE HWY HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Preston C. Levitt, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>8211 W. Broward Blvd.</b> <b>Penthouse 4</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		
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  <b>Preston C. Levitt, Esquire</b> <b>April 15, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLINARI, ANDRE M 128 N DIXIE HWY HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOLINARI, VICTORIA 128 N DIXIE HWY HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>Andy M. Molinari, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>April 15, 2005</b> <b>954-923-1425</b> <small>Date Daytime Phone #</small>		