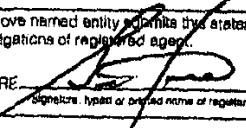


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P05000074858				06 AUG -3 AM 7:56	
1. Entity Name SLT INVESTMENTS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 18573 SW 104 AVE. MIAMI, FL 33143 US		Mailing Address 18573 SW 104 AVE. MIAMI, FL 33157 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04/03/06 90367 028 P/SD 03082006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 11-3786330	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TEJEDA, SERGIO L 18573 SW 104 AVE. MIAMI, FL 33157				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above named entity certifies 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 				DATE 3/31/06	
FILE NOW!!! PER IS \$180.00 After May 1, 2006 Fee will be \$800.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$3.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PRES	☐ Delete			
NAME	TEJEDA, SERGIO L				
STREET ADDRESS	18573 SW 104 AVE.				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	VP	☐ Delete			
NAME	TEJEDA, GISELLE G				
STREET ADDRESS	18573 SW 104 AVE.				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: 				DATE 3/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

2/8/8