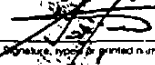
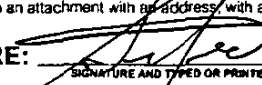


FILED
Jun 10, 2008 8:00 am
Secretary of State

05-02-2008 90118 010 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000074858		
1. Entity Name SLT INVESTMENTS, INC.		
Principal Place of Business 18573 SW 104 AVE. MIAMI, FL 33143 US		Mailing Address 18573 SW 104 AVE. MIAMI, FL 33157 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TEJEDA, SERGIO L 18573 SW 104 AVE MIAMI, FL 33157		66013821  04142008 No Chg-P CR2E034 (11/05) 4. FEI Number 11-3786330 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE
8. The above named entity makes 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 <u>4/15/08</u> (Signature, name, and address of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)		
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TEJEDA, SERGIO L 18573 SW 104 AVE. MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEJEDA, GISELLE G 18573 SW 104 AVE. MIAMI, FL 33157	
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		
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:  5/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		