

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P05000078498

1. Entity Name
4SLICES, INC.



Principal Place of Business
**911 VILLAGE BLVD
SUITE 803
WEST PALM BEACH, FL 33409**

Mailing Address
**504 SW SANCTUARY DR
PORT ST LUCIE, FL 34986**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0836865	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

**MARKOWITZ, RITA
504 SW SANCTUARY DR
PORT ST LUCIE, FL 34986**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**U00000896819
04/25/08-80023-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VISCONTE, DANIELLE
STREET ADDRESS 1412 SW BENT PINE COVE
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE VD
NAME VISCONTE, MICHAEL
STREET ADDRESS 1412 SW BENT PINE COVE
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE TD
NAME MARKOWITZ, RONNIE
STREET ADDRESS 504 SW SANCTUARY DR
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE DS
NAME MARKOWITZ, RITA
STREET ADDRESS 504 SW SANCTUARY DR
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE

Rita Markowitz **Rita Markowitz** 4/11/08 561-712-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #