2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091829

MILLS, SAMUEL

110 FOSTER ROAD

HALLANDALE BEACH, FL 330093370 US

Name:

Address:

City-St-Zip:

Entity Name: SLLIM COLLECTIONS GROUP INC

FILED Apr 29, 2008 Secretary of State

Entity Name: SELIM COLLECTIONS GROUP INC.					
Current Principal Place of Business:			New Principal Place of Business:		
110 FOSTI HALLAND.		FL 330093370 US			
Current Mailing Address:			New Mailing Address:		
110 FOSTI HALLAND.		FL 330093370 US			
FEI Number:	: 20-3132096	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US			110 FOSTER ROAD	REETA, MILLS N MRS 110 FOSTER ROAD HALLANDALE BEACH, FL 33009D US	
	named entity see of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: REETA MILLS				04/29/2008	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MILLS, REETA 110 FOSTER R	Delete OAD BEACH, FL 330093370 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLS, IMMANI 110 FOSTER R		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLS, ETTA 110 FOSTER R	Delete OAD BEACH, FL 330093370 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: REETA MILLS D 04/29/2008