2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-19-2008 90017 031 ***150.00

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DOCUMENT # P06000026232

1. Entity Name
SLW MED CONDO MANAGEMENT, INC

Principal Place of Business	Mailing Address
1203 SW SUNSET TRAIL PALM CITY, FL 34990	1203 SW SUNSET TRAIL PALM CITY, FL 34990

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
266 NW PEACOCK BLVD	266 NW PEACOCK BLVD
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34986 Country USA	Zip 34986 Country USA

02082008 Chg-P CR2E034 (12/06)

4. FEI Number
56-2591929
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOREL, BERTRAND 1203 SW SUNSET TRAIL PALM CITY, FL 34990	Name: SOREL, BERTRAND Street Address (P.O. Box Number is Not Acceptable): 308 NW BETHANY DRIVE City: PORT ST. LUCIE FL Zip Code: 34986

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: BERTRAND SOREL 02/08/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ASHBA, CHRISTIANE DR. 1203 SW SUNSET TRAIL PALM CITY, FL 34990	☐ Delete	P ASHBA, CHRISTIANE DR. 266 NW PEACOCK BLVD, STE 101 PORT ST. LUCIE, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] March 10, 08 772 801-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #