


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000070265	
1. Entity Name SLC FINANCIAL SERVICES CORPORATION	

Principal Place of Business 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321 US	Mailing Address 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE

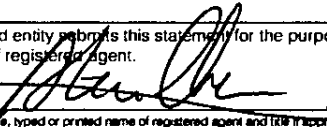


04192008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0831035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, STEVEN 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321

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  <u>STEVEN COHEN</u>	DATE <u>4/23/08</u>
<small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

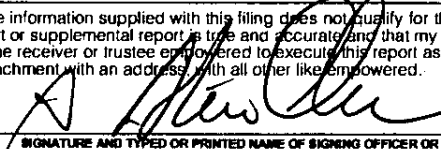
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D COHEN, STEVEN 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.D COHEN, BONNIE 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE.D COHEN, JENNIFER 7846 EXETER BOULEVARD EAST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000931105
05/22/08-80001-017 150.00

U00000829285
05/22/08-80020-018 138.75

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:  <u>STEVEN COHEN</u>	Date <u>4/23/08</u> Daytime Phone # <u>904 2422611</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	