

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078636

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** SLATER MANAGEMENT, INC.

**Current Principal Place of Business:**

19585 ESTUARY DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

20 TRINITY TERRACE  
NEWTON, MA 02459

**Current Mailing Address:**

19585 ESTUARY DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

20 TRINITY TERRACE  
NEWTON, MA 02459

**FEI Number:** 20-5156471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOOM, MICHAEL S ESQ.  
4340 SHERIDAN STREET, SUITE 102  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: SLATER, CLIFFORD O  
Address: 20 TRINITY TERRACE  
City-St-Zip: NEWTON, MA 02459

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD O SLATER

DIR

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date