# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000132820

Entity Name: THE SLADE 10/06 CORP.

FILED May 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2600 DOUGLAS RD STE 1100 2600 DOUGLAS RD

CORAL GABLES, FL 33134 STE 1100

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2600 DOUGLAS RD STE 1100 2600 DOUGLAS RD

CORAL GABLES, FL 33134 STE 1100

CORAL GABLES, FL 33134

FEI Number: 20-5736541 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:

GURIAN, JORGE
2600 DOUGLAS RD STE 1100
CORAL GABLES, FL 33134 US
GURIAN, JORGE
2600 DOUGLAS RD
STE 1100
STE 1100

ORAL GABLES, FL 33134 US STE TIOU CORAL GABLES, FL 33134 US

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: JORGE GURIAN 05/10/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MUNOZ HINEN, MAGDA L
 Name:

 Address:
 2600 DOUGLAS RD STE 1100
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HINEN, DANY R
 Name:

 Address:
 2600 DOUGLAS RD STE 1100
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

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.

SIGNATURE: MAGDA MUNOZ HINEN DP 05/10/2007