


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000071453 1. Entity Name SLORP ENTERPRISES, INC.	
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Principal Place of Business 3931 S W 47TH AVENUE STE 104 DAVIE, FL 33314 US	Mailing Address 3931 S W 47TH AVENUE STE 104 DAVIE, FL 33314 US
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03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0446579	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 SLORP, KIMBERLY 3931 S W 47TH AVENUE, STE 104 DAVIE, FL 33314
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**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 _____
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000144309
04/30/04 88127 004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLORP, MARK R 3931 S W 4TH AVENUE, STE 104 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SLORP, KIMBERLY 3931 S W 47TH AVENUE, STE 104 DAVIE, FL 33314
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kim Slorp* **Kim Slorp** 4-26-04 954-791-5604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #