

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000010410



1. Entity Name  
S.L.M.L., INC.

Principal Place of Business  
4100 N 28 TERR  
HOLLYWOOD, FL 33020 US

Mailing Address  
4100 N 28 TERR  
HOLLYWOOD, FL 33020 US



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0656588	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**

MALINASKY, DORON  
4100 N 28TH TERR  
HOLLYWOOD, FL 33020

**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 \_\_\_\_\_ (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

U00000897555  
04/25/08-80052-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MALINASKY, DORON  
STREET ADDRESS 4100 N 28 TERR  
CITY-ST-ZIP HOLLYWOOD, FL

TITLE VP  
NAME ELIYAHU, LEVY  
STREET ADDRESS 13245 KEYSTON ISL DRIVE  
CITY-ST-ZIP N MIAMI, FL 33181

TITLE VP  
NAME YOSSEI, LIPKIN  
STREET ADDRESS 1429 WASHINGTON AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doron Malinasky 4/7/08 (954) 924-9779