


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 033 \*\*\*150.00

**DOCUMENT # P96000042756**

1. Entity Name  
**SLAVIK REMOTE ENTITY, INC.**



Principal Place of Business  
**914 HARTFORD TURNPIKE  
 WATERFORD, CT 06385**

Mailing Address  
**32605 W 12 MILE ROAD  
 SUITE 350  
 FARMINGTON, MI 48331 US**

**40067842**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**32500 Telegraph Road  
 Ste. 222**

02112008 Chg-P CR2E034 (12/06)

City & State  
**Bingham Farms, MI**

Zip  
**48005**

Country  
**USA**

4. FEI Number  
**38-3293946**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**HOMISCO INCORPORATION, INC.  
 222 LAKEVIEW AVE.  
 SUITE 800  
 WEST PALM BEACH, FL 33401-6112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLMAN, MARK</b> <b>PO BOX 535 N/A</b> <b>WATERFORD, CT 06385</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLAVIK, STEPHAN F.</b> <b>32605 W. 12 MILE RD., STE. 350</b> <b>FARMINGTON HILLS, MI 48334</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>LAURIA, DEL J.</b> <b>32605 W. 12 MILE RD., STE. 350</b> <b>FARMINGTON HILLS, MI 48334</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLAVIK, EDNA P.</b> <b>32605 W. 12 MILE RD., STE. 350</b> <b>FARMINGTON HILLS, MI 48334</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SLAVIK, RICHARD</b> <b>32605 W 12 MILE RD STE 350</b> <b>FARMINGTON, MI 48334</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WOLMAN, LEN</b> <b>914 HARTFORD TURNPIKE</b> <b>WATERFORD, CT 06385</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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], Agent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/12/08 (248) 203-0011  
Date Daytime Phone #