

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90035 009 ***150.00

DOCUMENT # P97000059616

1. Entity Name

SLUTZKIN & ASSOCIATES, INC.



Principal Place of Business

7950 S MILITARY TR
#201
LAKE WORTH FL 33463

Mailing Address

P O BOX 3689
BOYNTON BEACH FL 33424-3689
US

2. Principal Place of Business

5912 "B" Via Delray

3. Mailing Address

Suite, Apt. #, etc.

NO Chg.



1st MOORE

CR2E034 (10/04)

City & State

Delray Bch, FL

City & State

4. FEI Number

65-0410653

Applied For

Not Applicable

Zip

33484

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLUTZKIN, NORMA
5912
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

NO NAME Chg.

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

5912 "B" Via Delray
Delray Beach FL

Zip Code

33484

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

Norma R. Slutzkin
Norma R. Slutzkin

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SLUTZKIN, ROBERT B
STREET ADDRESS 5912 B VIA DELRAY
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ Delete
NAME SLUTZKIN, NORMA R
STREET ADDRESS 5912 B VIA DELRAY
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Norma R. Slutzkin
Norma R. Slutzkin

2-7-05 - 561-495-0802

Date

Daytime Phone #