

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000093652

1. Entity Name
SMARTER LIVING PRODUCTS, INC.



FILED

08 JUN -3 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6574 N. STATE ROAD 7
#277
COCONUT CREEK, FL 33073

Mailing Address
6574 N. STATE ROAD 7
#277
COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #
2855 North University Drive
Suite, Apt. #, etc.
Suite 320

3. Mailing Address
2855 North University Drive
Suite, Apt. #, etc.
Suite 320

05282008 Chg-P CR2E034 (12/06)

City & State
Coral Springs, FL
Zip FL 33065 Country USA

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Coral Springs, FL
Zip 33065 FL Country USA

4. FEI Number
65-0973519
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JACK
6574 N. STATE ROAD 7
#277
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name Shawn Bombaro
Street Address (P.O. Box Number is Not Acceptable)
2855 North University Drive, Suite 320
City Coral Springs, FL FL Zip Code 33065

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)

5/29/08
DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEVINE, JACK
STREET ADDRESS 6574 N STATE RD 7 277
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME SHAWN BOMBARO
STREET ADDRESS 2855 North University Drive, Suite 320
CITY-ST-ZIP Coral Springs, FL 33065 ☐ Change ☒ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Director
Jack Levine, Director

5/28/08