

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 026 ***150.00

DOCUMENT # S50825

1. Entity Name
SLEW-WEISS, INC.



Principal Place of Business

**801 NE 167TH ST
2ND FLOOR
NORTH MIAMI BEACH, FL 33662 US**

Mailing Address

**801 NE 167TH ST
2ND FLOOR
NORTH MIAMI BEACH, FL 33662 US**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0261294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISSER, MICHAEL H
801 NE 167TH ST
2ND FLOOR
NORTH MIAMI BEACH, FL 33162**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OSHEROFF, MARCI
STREET ADDRESS 16400 N.W. 2ND AVE., STE. 203
CITY-ST-ZIP NORTH MIAMI, FL 33169

TITLE VD
NAME WEISSER, MICHAEL H
STREET ADDRESS 801 NE 167TH ST, 2ND FL
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE SD
NAME SLEWETT, SHEILA
STREET ADDRESS 2235 N.E. 204TH ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180

TITLE TD
NAME OSHEROFF, MATTHEW
STREET ADDRESS 16400 N.W. 2ND AVE., STE. 203
CITY-ST-ZIP NORTH MIAMI, FL 33169

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

3-14-07

Date

305-690-9100

Daytime Phone #