

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**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**



01112008 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, 2008 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

U000000791472  
01/23/08-80075-017 150.00

**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:**

*Michael H. Weiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08 305-692-9110  
Date Daytime Phone #