

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # S51301

1. Entity Name
S.L.S., INC.



Principal Place of Business

387 NE 70TH ST
MIAMI, FL 33138 US

Mailing Address

17321 NE 12TH COURT
NORTH MIAMI BEACH, FL 33162 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0262479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISS, SOLOMON
420 LINCOLN ROAD
SUITE 285
MIAMI BEACH, FL 33139

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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, 2005 Fee will be \$550.00

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

1100000302039
04/13/05-80056-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOONTUPE, LISA
STREET ADDRESS 17321 NORTH EAST 12 COURT
CITY - ST - ZIP N. MIAMI BEACH, FL

TITLE D
NAME SOONTUPE, STEVEN
STREET ADDRESS 17321 NORTH EAST 12 COURT
CITY - ST - ZIP N. MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

Steven Soontupe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 305-758-6339
Date Daytime Phone #