

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000073855

**Entity Name:** SLAVEN ALTERNATIVE SERVICES, INC.

**Current Principal Place of Business:**

3460 32 ND AVE. N  
APT 101  
SAINT PETERSBURG, FL 33713

**Current Mailing Address:**

3460 32 ND AVE. N  
APT 101  
SAINT PETERSBURG, FL 33713 US

**FEI Number:** 20-1097089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SLAVOV, SLAVEN M  
3460 32ND AVE. N  
APT 101  
SAIT PETERSBURG, FL 33713 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            SLAVOV, SLAVEN M  
Address        3460 32 ND AVE. N - APT 101  
City-State-Zip: SAINT PETERSBURG FL 33713

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SLAVEN SLAVOV

D

01/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date