

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000003564

1. Entity Name
 M. SLAVIN & SONS, LTD., INC.



Principal Place of Business
 106 SOUTH STREET
 NEW YORK, NY 10038

Mailing Address
 106 SOUTH STREET
 NEW YORK, NY 10038



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-1710934

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KANTROWITZ, ARTHUR
 7601 B LEXINGTON CLUB BLVD.
 DELRAY BEACH, FL 33446

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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) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLAVIN, STANLEY
STREET ADDRESS	417 LINKS DRIVE
CITY-ST-ZIP	NORTH HILLS, NY 11576
TITLE	V
NAME	SLAVIN, BARRY
STREET ADDRESS	22 PIN OAK DRIVE
CITY-ST-ZIP	ROSLYN, NY 11576
TITLE	ST
NAME	SLAVIN, HERBERT
STREET ADDRESS	1416 BAY BLVD.
CITY-ST-ZIP	ATLANTIC BEACH, NY 11509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/05-80061-024 150.00

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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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Slavin

4/26/05
 Date

212-233-4522
 Daytime Phone #