

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90088 002 ***150.00

DOCUMENT # F00000003564

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



Principal Place of Business

800 Food Center Dr. #37
Bronx, NY 10474

Mailing Address

800 Food Center Dr. #37
Bronx, NY 10474

4011203



04262007 No Chg-P CR2E034 (11/05)

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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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 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

TITLE
NAME
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 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

4/27/06
Date

718-732-4800
Daytime Phone #