

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M85409**

1. Entity Name

**SILVER BUILDERS REAL ESTATE CORP.**



Principal Place of Business

**3109 STIRLING ROAD  
SUITE 200**

**FT. LAUDERDALE, FL 33312 US**

Mailing Address

**3109 STIRLING ROAD  
SUITE 200**

**FT. LAUDERDALE, FL 33312 US**



01082007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0060303**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLLANDER, WALTER J  
3109 STIRLING ROAD  
SUITE 200  
FT. LAUDERDALE, FL 33312**

**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 reissuing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ACKERMAN, BRAD  
3109 STIRLING RD SUITE 200  
FT LAUDERDALE, FL 33312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
HOLLANDER, WALTER J  
3109 STIRLING RD #200  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
HOLLANDER, WALTER J.  
3109 STIRLING RD #200  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CVP  
ACKERMAN, MELISSA  
3109 STIRLING ROAD #200  
FT. LAUDERDALE, FL 33312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

00000646729  
03/06/07-80044-009-150.00

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRAD ACKERMAN, PRES 2/20/07 (954) 962-9700**