

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # M44031
1. Entity Name
SILVERLANE REALTY, INC.



Principal Place of Business Mailing Address
% BARRY SILVERMAN % BARRY SILVERMAN
19553 NE 37TH AVE 19553 NE 37TH AVE
NO. MIAMI BEACH FL 33180 NO. MIAMI BEACH FL 33180

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SILVERMAN, BARRY M
19553 NW. 37TH AVENUE
AVENTURA FL 33180

4. FEI Number **11-2344645** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SILVERMAN, BARRY	
STREET ADDRESS	19953 N.E. 37TH AVE.	
CITY - ST - ZIP	NO. MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WENDER, STEPHEN	
STREET ADDRESS	19553 N.E. 37TH AVE	
CITY - ST - ZIP	N.MIAMI BCH. FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SILVERMAN, ALVIN	
STREET ADDRESS	19553 N.E. 37TH AVE	
CITY - ST - ZIP	N.MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000043979	
CITY - ST - ZIP	02/11/04-80002-012 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Barry J. Silverman** Date **2/4/04** Daytime Phone # **305-705-0026**