## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 12, 2005 08:00 AM Secretary of State DOCUMENT # M44031 SILVÉRLANE 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 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2344645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SILVERMAN, BARRY M DO NOT WRITE 19553 NW. 37TH AVENUE AVENTURA, FL 33180 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SILVERMAN, BARRY NAME STREET ADDRESS 19953 N.E. 37TH AVE. CITY - ST- ZIP NO. MIAMI BEACH, FL TITLE **VPD** WENDER, STEPHEN NAME STREET ADDRESS 19553 N.E. 37TH AVE CITY-ST-ZIP N.MIAMI BCH., FL STD TITLE SILVERMAN, ALVIN NAME STREET ADDRESS 19553 N.E. 37TH AVE DO NOT WRITE CITY-ST-ZIP N.MIAMI BCH., FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**