

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 249612**  
 1. Entity Name  
**SILVER COURT TRAILER PARK INC**



Principal Place of Business Mailing Address  
**SUNNYSIDE MOTEL & TRAILER PARK** **SUNNYSIDE MOTEL & TRAILER PARK**  
**6024 S W 8 ST** **6024 S W 8 ST**  
**MIAMI, FL 33144** **MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0934825** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEVIN, MARC**  
**2727 INDIAN CREEK**  
**MIAMI BEACH, FL 33140**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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	PD
NAME	LEVIN MARC
STREET ADDRESS	2915 GRANDA BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	ASBEL, ELLIOTT
STREET ADDRESS	15345 SW 77TH CT.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	ASBEL, SHARON
STREET ADDRESS	15345 SW 77TH COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	LEVIN, MICHELE
STREET ADDRESS	2915 GRANDA BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	MORE MARIA
STREET ADDRESS	1801 FERDINAND ST.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000180049  
 01/13/05-80041-024 150.00  
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.  
**SIGNATURE:** *Maria D More* **MARIA D MORE** 1/10/05 (305) 266-172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #