

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 SUNNYSIDE MOTEL & TRAILER PARK 6024 S W 8 ST MIAMI, FL 33144	Mailing Address SUNNYSIDE MOTEL & TRAILER PARK 6024 S W 8 ST MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0934825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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01/13/05-80041-024 150.00

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

SIGNATURE: Maria D More 1/10/05 (305) 266-172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #