

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 034 ***150.00

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222008 Chg-P CR2E034 (12/06)

4. FEI Number 59-0934825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEVIN, MARC 16 ISLAND AVE., APT. #7B MIAMI BEACH, FL 33139	

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, 2008 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	PD <input type="checkbox"/> Delete
NAME	LEVIN MARC
STREET ADDRESS	16 ISLAND AVE APT #7B
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD <input type="checkbox"/> Delete
NAME	ASBEL, SHARON
STREET ADDRESS	15345 SW 77TH COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	VD <input type="checkbox"/> Delete
NAME	LEVIN, MICHELE
STREET ADDRESS	134 EAST 92ND ST
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	TD <input type="checkbox"/> Delete
NAME	MORE MARIA
STREET ADDRESS	1801 FERDINAND ST.
CITY-ST-ZIP	CORAL GABLES, FL
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	
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 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 another like empowered.

SIGNATURE:  **1/29/08 (305) 266-1727**