2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 249612

Entity Name: SILVER COURT TRAILER PARK INC

Current Principal Place of Business:

SUNNYSIDE MOTEL & TRAILER PARK
6024 S W 8 ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

SUNNYSIDE MOTEL & TRAILER PARK
6024 S W 8 ST
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-0934825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, MARC
16 ISLAND AVE., APT. #7B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVIN MARC,
Address: 16 ISLAND AVE APT #7B
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: ASBEL, SHARON,
Address: 15345 SW 77TH COURT
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: LEVIN, MICHELE,
Address: 134 EAST 92ND ST
City-St-Zip: NEW YORK, NY 10128

Title: TD ( ) Delete
Name: MORE MARIA,
Address: 1801 FERDINAND ST.
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MORE TREA 01/15/2009

Electronic Signature of Signing Officer or Director Date