
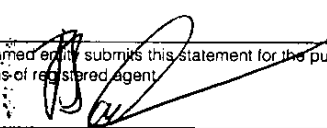
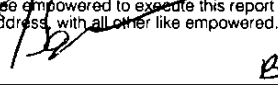


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90071 011 \*\*\*150.00

<b>DOCUMENT # M44031</b> 1. Entity Name <b>SILVERLANE REALTY, INC.</b>			
Principal Place of Business <b>% BARRY SILVERMAN 19553 NE 37TH AVE NO. MIAMI BEACH, FL 33180</b>		Mailing Address <b>% BARRY SILVERMAN 19553 NE 37TH AVE NO. MIAMI BEACH, FL 33180</b>	
2. Principal Place of Business - No P.O. Box # <b>2801 NE 208 Terr.</b>		3. Mailing Address <b>2801 NE 208th Terr</b>	
Suite, Apt., #, etc. <b>#102</b>		Suite, Apt., #, etc. <b>102</b>	
City & State <b>Aventura FL</b>		City & State <b>Aventura FL</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>SILVERMAN, BARRY M 19553 NW. 37TH AVENUE AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u></u> <span style="float: right;">1/10/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVERMAN, BARRY 19553 N.E. 37TH AVE. NO. MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WENDER, STEPHEN 19553 N.E. 37TH AVE N.MIAMI BCH., FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SILVERMAN, ALVIN 19553 N.E. 37TH AVE N.MIAMI BCH., FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 all other like empowered.			
<b>SIGNATURE:</b> <u></u>		Barry J Silverman MD <span style="float: right;">1/10/07 305-705-0026</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	