

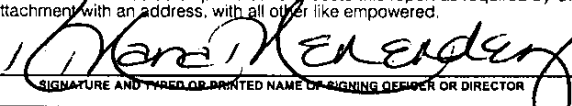


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90205 014 \*\*\*150.00

<b>DOCUMENT # P02000004430</b>					
<b>1. Entity Name</b> THE SHOPPES AT SILVERISLES, INC.					
<b>Principal Place of Business</b> 1401 UNIVERSITY DR, SUITE 200 CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 1401 UNIVERSITY DR, SUITE 200 CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		<b>3. Mailing Address</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
<b>City &amp; State</b> Sunrise, FL		<b>City &amp; State</b> Sunrise, FL		04032006    Chg-P    CR2E034 (11/05)	
<b>Zip</b> 33323		<b>Country</b> USA		<b>4. FEI Number</b> 03-0374725	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  NORWALK, RICHARD M 1401 UNIVERSITY DR, SUITE 200 CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corporate Parkway, #300 City Sunrise    FL    Zip Code 33323		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>SEE ATTACHED</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> EZRATTI, ITZHAK <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE., STE. 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> EZRATTI, ITZHAK <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> FANT, ALAN <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE., STE. 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> VS <b>NAME</b> FANT, ALAN J. <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> NORWALK, RICHARD <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE., STE. 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> NORWALK, RICHARD M. <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ARKIN, RICHARD <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE., STE. 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> ARKIN, RICHARD <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, #300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CORBAN, PAUL <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE., STE. 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> CORBAN, PAUL <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MENENDEZ, N. MARIA <b>STREET ADDRESS</b> 1401 UNIVERSITY DR #200 <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> VT <b>NAME</b> MENENDEZ, N. MARIA <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> 			N. MARIA MENENDEZ, VICE PRESIDENT    4/28/06    954-753-1730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

ATTACHMENT 60034463

CONTINUATION PAGE  
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

# P00000117719

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE:

V

NAME:

JEFFREY S. MOOALLEM

STREET ADDRESS:

1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP:

Sunrise, FL 33323