## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL RE	PORT		F	eb 06, 20	06 08:00 AM	
1. Entity Nam			ATT.			ry of State	
SILVERO	CREST MORTGAGE CORP						
15761 NW 7 MIAMI LAKES	79 CT 157	ng Address 761 NW 79 CT MI LAKES, FL 33016					
			THIS SPACE		01122006 No Chg-P CR2E034 (11/05)  4. FEI Number		
_		T. 110 O.D.					
Ĺ	OO NOT WRITE IN	THIS SPA					
	Name and Address of Current Register	red Agent	[	5. Certificate	of Status Desired {	Fee Regulred	
MORALES	S, JOSE LUIS	vu Agent		DΩ	NOT WR	ITE	
15761 NW MIAMI LAI	/79 CT KES, FL 33016				THIS SPA	* *** ***	
				** *			
8. The above the obligat	e named entity submits this statement for the pur tions of registered agent.	posé of changing its register	ed office or register	ed agent, or bot	h, in the State of Florida	. I am familiar with, and accept	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						DATE	
EII	E NOWIN FEE IS \$150.00	9. Election Campaign Finar		.00 May Be			
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	☐ Ādd	ed to Fees			
TITLE	D OFFICERS AND DIRECTO	ORS I		•		· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY-ST-ZIP	MORALES, JOSE LUIS 15761 NW 79 CT MIAMI LAKES, FL 33016	,			٠,		
TITLE					02/17/06-80	2246 806-018 150.00	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			<b>l</b> .		KL		
STREET ADDRESS CITY-ST-ZIP					NOT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						` }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		
12. I hereby certify that the information supplied with this filling 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 507, 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.							
SIGNAT	FURE: SIGNATURE AND TYPED ON PRINTED A	ME OF SIGNING OFFICER OR DIRECT	ICS/OFX	<i>J</i> T	01/13/05 Date	(307)817-8994 Daylime Phone #	

**FILED**