


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000084435 1. Entity Name SILOE INVESTMENT GROUP, INC.	
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Principal Place of Business 631 SW 79 TERR N LAUDERDALE, FL 33068	Mailing Address 631 SW 79 TERR N LAUDERDALE, FL 33068
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05202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0844324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADALJUSTE, WILSON 631 SW 79 TERR N LAUDERDALE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

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 Wilson Adaljuste Wilson Adaljuste 5-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	DP SENAT, ALLAN P.O.BOX 491901 FT LAUDERDALE, FL 33349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADALJUSTE, WILSON 4151 NW 62ND CT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESTINA, EVENS 7321 NW 46TH ST. FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAVEAUX, MARGUERITE 6470 SW 19 ST POMPANO BCH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, JOSEPH 631 SW 79TH TERR N LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESTINA, CHARLES L 7321 NW 46TH ST LAUDERHILL, FL 33319

U00000368232
05/25/05-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Allan Senat 5-20-05 734-245-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #