

2007 FOR PROFIT CORPORATION ANNUAL REPORT

6/18/2007-90001-034-5150.00 \$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000084435					
1. Entity Name SILOE INVESTMENT GROUP, INC.					
Principal Place of Business 631 SW 79 TERR N LAUDERDALE, FL 33068			Mailing Address 631 SW 79 TERR N LAUDERDALE, FL 33068		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0844324	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADALJUSTE, WILSON 631 SW 79 TERR N LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	OP	SENAT, ALLAN	P.O. BOX 491901	FT LAUDERDALE, FL 33349	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	DV	ADALJUSTE, WILSON	4151 NW 62ND CT	COCONUT CREEK, FL 33073	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	DS	SENAT, ALLAN	3330 SPANISH MOSS TER # 311	LAUDERHILL, FL 33319	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	DT	LAVEAUX, MARGUERITE	8010 HAMPTONS BLVD	N. LAUDERDALE, FL 33068	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	DT	PIERRE, JOSEPH	631 SW 79TH TERR	N LAUDERDALE, FL 33068	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	DS	DESTINA, CHARLES L	7321 NW 48TH ST	LAUDERHILL, FL 33319	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, 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: <u>Allen Senat</u>		6-11-07 754-2452127			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			

7/12
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