


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90083 002 \*\*\*150.00

<b>DOCUMENT # P03000092549</b> 1. Entity Name <b>THE SILVER REALTY TEAM, INC.</b>			
Principal Place of Business <b>2500 QUANTUM LAKES DR, STE.203 BOYNTON BEACH, FL 33426 US</b>		Mailing Address <b>2500 QUANTUM LAKES DR, STE.203 BOYNTON BEACH, FL 33426 US</b>	
2. Principal Place of Business <b>3435 WOOLBRIGHT RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>3435 WOOLBRIGHT RD</b> Suite, Apt. #, etc.	
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>	
Zip <b>33436</b>		Zip <b>33436</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>PAXMAN, JOHN T ESQ. 1601 FORUM PL., SUITE 801 W. PALM BCH, FL 33401</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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<b>D</b> <b>SILVER, IRIS</b> <b>6327 BLUE BAY CIR.</b> <b>LAKE WORTH, FL 33467</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SILVER, IRIS</b> <b>6327 BLUE BAY CIRCLE</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>His Silver, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>3/1/05</b> Daytime Phone #: <b>966-1621</b>	