

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90082 002 \*\*\*150.00

**DOCUMENT # P04000164370**

1. Entity Name

**STANLEY LARRY SILVERSTEIN PA**



Principal Place of Business

**1700 NW 80 AVENUE #408  
MARGATE FL 33063**

Mailing Address

**1700 NW 80 AVENUE #408  
MARGATE FL 33063**

**20063872**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-2067955**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVERSTEIN, STAN  
1700 NW 80 AVENUE #408  
MARGATE FL 33063**

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

*[Signature]*

Signature of individual or principal of registered agent and state if applicable

(NOTE: Registered Agent signature required when registering)

*[Signature]*

(DATE)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$650.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                      |                                 |
|------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SILVERSTEIN, STAN<br>1700 NW 80 AVENUE #408<br>MARGATE FL 33063 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |

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|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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:

*[Signature]* **STANLEY SILVERSTEIN**

*[Signature]*

**954  
280-6480**

Date

Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000164370

1. Entity Name

STANLEY LARRY SILVERSTEIN PA



ATTACHMENT

C.B. 12

1025  
2/17/05

20063872

Principal Place of Business

1700 NW 80 AVENUE #408  
MARGATE FL 33083

Mailing Address

1700 NW 80 AVENUE #408  
MARGATE FL 33083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2067955

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSTEIN, STAN  
1700 NW 80 AVENUE #408  
MARGATE FL 33083

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

*Stanley L. Silverstein*

Signature of individual or principal named in registered agent and title if applicable

(If not, please have agent sign and attach when registering)

*Stanley L. Silverstein*

(Signature)

FILE NOW!!! FEE IS \$180.00

After May 1, 2005 Fee Will Be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
P  
SILVERSTEIN, STAN  
1700 NW 80 AVENUE #408  
MARGATE FL 33083 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
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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 exemption stated in Section 19.07(3)(c), 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 657, 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 fee empowered.

SIGNATURE:

*Stanley L. Silverstein* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/05*  
Date

954  
230-6586  
Director's Phone #

THIS IS A COPY OF THE ORIGINAL

ATTACHMENT  
20063872

July 6, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE Document # P04000164370

Dear Friend,

Enclosed is a copy, with new original signature, of the 2005 For Profit Corporation Annual Report (AR) which was sent to your office on Feb 17, 2005 along with a check for \$150. I am also enclosing a copy of the check book ledger showing the check number, 1025, and the date of the check, 2/17/05. I am also enclosing another check for \$150.

It seems that you either never received the AR or it is somewhere in house unprocessed, as my check has not cleared as of date.

As for the Notice of Intent to Dissolve recently sent to me, **I DO NOT WANT TO DISSOLVE.**

I hope this will satisfy my requirements to the Division of Corporations.

Sincerely,



Stan Silverstein  
1700 NW 80 Ave  
Margate, FL 33063

954-290-6486