

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90019 019 \*\*\*150.00

**DOCUMENT # P97000026884**

1. Entity Name  
SILVER LAKES REAL ESTATE GROUP, INC.



Principal Place of Business  
17901 N.W. 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029 US

Mailing Address  
17901 N.W. 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029 US

40042106



01242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-0759866  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CASTILLO, SIXTA  
17901 N.W. 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029

**7. Name and Address of New Registered Agent**

Name Hoyos, Orlando  
Street Address (P.O. Box Number is Not Acceptable)  
157 NW 27 Ave  
Suite 204  
City Miami FL Zip Code 33125

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	ORCASITA, JOSE A	
STREET ADDRESS	17901 N.W. 5TH STREET, SUITE 204	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUI, HAROLD D	
STREET ADDRESS	17901 N.W. 5TH STREET, SUITE 204	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLAZA, JUAN C	
STREET ADDRESS	17901 N.W. 5TH STREET, SUITE 204	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIDALGO, AUSBERTO	
STREET ADDRESS	17901 N.W. 5TH STREET, SUITE 204	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orcasita, Jose A.	
STREET ADDRESS	17901 NW 5 St, Suite 204	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: \_\_\_\_\_ Date: 11 30-07 Daytime Phone # \_\_\_\_\_