


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000048198</b>	
1. Entity Name <b>SILVER REALTY CORP.</b>	

Principal Place of Business <b>16375 NE 18TH AVE 201 N MIAMI BEACH, FL 33162 US</b>	Mailing Address <b>16375 NE 18TH AVE 201 N MIAMI BEACH, FL 33162 US</b>
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04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0838141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

6. Name and Address of Current Registered Agent  <b>SHAFER, LEWIS R ESQ. 3299 N.W. BOCA RATON BLVD SUITE 200 BOCA RATON, FL 33431</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	D SOLTANIK, ENRIQUE 3400 N.E. 192ND STREET #1708 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOLTANIK, SILVIA 3400 NE 192ND STREET # 1708 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOLTANIK, VALERIA 3400 NE 192ND STREET # 1708 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SOLTANIK, FERNANDO 3400 NE 192 ND STREET # 1708 MIAMI, FL 33180
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04/25/05-80050-005 150.00

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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 reports 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, without other like empowered.

SIGNATURE: \_\_\_\_\_ **4/21/05** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #