

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90234 011 \*\*\*150.00

<b>DOCUMENT # P98000069918</b> 1. Entity Name <b>SILVERTREE CAPITAL, INC.</b>					
Principal Place of Business <b>1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139</b>			Mailing Address <b>1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>3841 NE 2nd Ave</b>		3. Mailing Address <b>3841 NE 2nd Ave</b>			
Suite, Apt. #, etc. <b>Suite 400</b>		Suite, Apt. #, etc. <b>Suite 400</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33137</b>		Zip <b>33137</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0866808</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROBINS, GERALD 230 FIFTH ST MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3841 NE 2nd Ave, Suite 400</b> City <b>MIAMI</b> FL Zip Code <b>33137</b>		
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 <b>X</b> <u><i>Gerald Robins</i></u> <b>President</b> <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROBINS, GERALD 230 FIFTH ST MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>X</b> <u><i>Gerald Robins</i></u> <b>President</b> <b>4/20/07</b> <b>305-531-8700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Gerald Robins, President*