

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000104391  
 1. Entity Name  
**SILVER BLUFF PROPERTY MANAGEMENT CORPORATION**



Principal Place of Business  
 4750 S.W. 82ND STREET  
 MIAMI, FL 33143

Mailing Address  
 4750 S.W. 82ND STREET  
 MIAMI, FL 33143



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0893169

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HAWLIK, JOSEPH  
 4750 S.W. 82ND STREET  
 MIAMI, FL 33143

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000512337  
 04/29/06-80086-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	HOFFER, AILEEN
STREET ADDRESS	5753 SW 83RD ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	DVP
NAME	HOFFER, DIANE
STREET ADDRESS	4750 SW 82ND ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	P/S
NAME	HAWLIK, JOSEPH
STREET ADDRESS	4750 SW 82ND ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Joseph Hawlik **JOSEPH HAWLIK** 4/17/06.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #