

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 12, 2006  
Secretary of State**

DOCUMENT# 599054

Entity Name: SILCO BRUSH MANUFACTURING CO., INC.

**Current Principal Place of Business:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 59-1866522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: BEHMOIRAS, BERTA  
Address: 5660 COLLINS AVE #21-C  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete  
Name: BEHMOIRAS, MOISES  
Address: 5660 COLLINS AVE.,#21-C  
City-St-Zip: MIAMI BEACH, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: BEHMOIRAS, BERTA  
Address: 5660 COLLINS AVE #21-C  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change ( ) Addition  
Name: BEHMOIRAS, MOISES  
Address: 5660 COLLINS AVE.,#21-C  
City-St-Zip: MIAMI BEACH, FL

Title: PD ( ) Change (X) Addition  
Name: FISHMAN, ESTHER  
Address: 4200 HILLCREST DR #701  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Change (X) Addition  
Name: BEHMOIRAS, RAFAEL  
Address: 20425 NE 19TH CT  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES BEHMOIRAS

TD

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date