


2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| DOCUMENT # 599054 1. Entity Name SILCO BRUSH MANUFACTURING CO., INC. | | | |  | | FILED 07 MAR 27 PM 2: 12 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 59-1866522 | | Applied For Not Applicable | |
| Zip | | Country | | Zip | | Country | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | FL | | Zip Code | |
| 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. <input type="checkbox"/> | | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | S BEHMOIRAS, BERTA 5660 COLLINS AVE #21-C MIAMI BEACH, FL 33140 | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TD BEHMOIRAS, MOISES 5660 COLLINS AVE.,#21-C MIAMI BEACH, FL | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PD FISHMAN, ESTHER 4200 HILLCREST DR #701 HOLLYWOOD, FL 33021 | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VP BEHMOIRAS, RAFAEL 20425 NE 19TH CT MIAMI, FL 33179 | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <i>2/23/07</i> | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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: <i>Moises Behmoiras</i> | | | | 2/23/07 | | (305)856-0056 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | | Daytime Phone # | |
| MOISES BEHMOIRAS, TREASURER | | | | | | | |