


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 631516

1. Entity Name
SILVESTRI CORPORATION



Principal Place of Business Mailing Address

449 NE 24 ST 449 NE 24 ST
 MIAMI, FL 33137 MIAMI, FL 33137



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1973693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVESTRI, CARMELA
 449 NE 24TH STREET
 MIAMI, FL 33137

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: *[Signature]* DATE: _____

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reestablishing)

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	ST SILVESTRI, GIOVANNI 449 NE 24 ST MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVESTRI, CARMELA 449 NE 24 ST MIAMI, FL 33137
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 04/18/05-80037-012 150.00

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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)(f), 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 a folder like empowered.

SIGNATURE: *[Signature]* **CARMELA SILVESTRI** 4/11/05 305-573-5860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #