

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 035 ***150.00

DOCUMENT # 647692 1. Entity Name SILVER MANAGEMENT CO.					
Principal Place of Business 3521 NW 20 ST MIAMI, FL 33142 US				Mailing Address 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address 3521 NW 20 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI FL		4. FEI Number 59-1978673	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
Zip		Country		Name	
Zip		Country		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Country		City	
Zip		Country		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, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P OTERO, FELIX 3521 NW 20 ST MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>X Felix Otero</i>			<i>X 4/1/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		