


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94278 1. Entity Name SILVER INSURANCE AGENCY INC.	
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Principal Place of Business 3785 N.W. 82 AVENUE SUITE #201 MIAMI, FL 33166	Mailing Address 3785 N.W. 82 AVENUE SUITE #201 MIAMI, FL 33166
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02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2217283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
782 N.W. LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

U00000047387
02/12/04-80062-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, DANIEL R 9755 SW 62 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRAN, MANUEL A 8460 SW 5 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRA, ARMANDO J 9475 JOURNEYS END RD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, MIGUEL R (AST) 8360 NW 188 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRAN, JOSE A (ASSTN.) 8455 GRAND CANAL DR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  Miguel R. Fernandez 2/10/04 (305)597-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #