


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94278
 1. Entity Name
SILVER INSURANCE AGENCY INC.



Principal Place of Business Mailing Address
3925 PALM AVENUE **P.O BOX 133570**
HIALEAH, FL 33012 **HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2217283 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARQUEZ, JOSE M
762 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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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 04/29/06-80057-001 150.00

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 files empowered.

SIGNATURE:  **Miguel R. Fernandez** 4/13/06 (305)819-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #