


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 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



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2217283 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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 _____ 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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U00000767083
 07/05/07-80010-003 150.00

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 like empowered.

SIGNATURE: *Daniel R. Valdes* **DANIEL R. VALDES** 7/3/07 305 819-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #