


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F94278 1. Entity Name SILVER INSURANCE AGENCY INC.	
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Principal Place of Business 3925 PALM AVENUE HIALEAH, FL 33012	Mailing Address P.O BOX 133570 HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2217283	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 MARQUEZ, JOSE M 782 N.W. LEJEUNE ROAD SUITE 548 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 8480 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	

U00000788498
01/18/08-80041-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 01/15/08 (305) 819-0200

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