

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94278

FILED
Mar 24, 2009
Secretary of State

Entity Name: SILVER INSURANCE AGENCY INC.

Current Principal Place of Business:

3925 PALM AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

P.O BOX 133570
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 59-2217283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARQUEZ, JOSE M
6505 BLUE LAGOON DR
SUITE 130
MIAMI, FL 33126 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALDES, DANIEL R,
Address: 9755 SW 62 ST
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: HERRAN, MANUEL A,
Address: 8460 SW 5 ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: GUERRA, ARMANDO J,
Address: 9475 JOURNEYS END RD
City-St-Zip: CORAL GABLES, FL 33156

Title: SD () Delete
Name: FERNANDEZ, MIGUEL R, (AST)
Address: 8360 NW 188 ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: HERRAN, JOSE A (ASST, N.)
Address: 8455 GRAND CANAL DR.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALDES, DANIEL R,
Address: 9755 SW 62 ST
City-St-Zip: MIAMI, FL 33173

Title: VD (X) Change () Addition
Name: HERRAN, MANUEL A,
Address: 8460 SW 5 ST
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FERNANDEZ, MIGUEL R, (AST)
Address: 8360 NW 188 ST
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Change () Addition
Name: HERRAN, JOSE A (ASST, N.)
Address: 8455 GRAND CANAL DR.
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL R. VALDES

Electronic Signature of Signing Officer or Director

PD

03/24/2009

Date