2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 08:00 AM DOCUMENT # P02000061659 **Secretary of State** 1. Entity Name SILBERHORN'S ENTERPRISES, INC. Principal Place of Business Mailing Address 587 W. PALM AIRE DRIVE 587 W. PALM AIRE DRIVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5547 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 80-0048043 Not Applicab! Zip Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILBERHORN, LARRY Street Address (P.O. Box Number is Not Acceptable) 936 INTRACOASTAL DRIVE 8A FT LAUDERDALE FL 33304-3640 Zip Code 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 Signature, typed or name of registered agent and title if applicable red Agent signature regulifed when reinstating) FILE NOW!!! PEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP HIF ☐ Change ☐ Addillon HILE Delete SILBERHORN, LARRY NAMA MAME 936 INTRACOASTAL DRIVE 8A STREET ADDRESS SZEGORA LEBRIZ CITY ST-71P FT LAUDERDALE FL 33304-3640 GHY-S1-ZIP ☐ Change ☐ Addition ☐ Delete HILL NAME GARBERSON, GARY STREET ADDRESS STREET ADDRESS 936 INTRACOASTAL DRIVE 8A FT LAUDERDALE FL 33304-3640 (111 ST-7# CITY SE-ZIP Change Delete Hitt ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-70 CITY-ST-7P ☐ Change Addition Mile ☐ Defete HHE NAME NAME STREET ADDRESS STREET ADDRESS City-51-2H CITY-ST-ZIP ☐ Delete Change ☐ Addition LITLE [1]] U00000225751 NAME NAME 02/11/05-80050-024 150.00 STREET ADDRESS STREET ADDRESS CHY-SI-ZP CHY SI-ZIP ☐ Change Addition HILLE Delete HIG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Gir-SL /IF

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

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changed, or on an attachment with an address, with all other like empowered

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