2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State
04-30-2007 90849 008 ***150.00

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1. Entity Name
SLV-SILVA CONSTRUCTION, CORP.

Principal Place of Business	Mailing Address
2430 SE 7 PL HOMSTEAD, FL 33033	2430 SE 7 PL HOMSTEAD, FL 33033

DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2177891

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, CAMILO
2430 SE 7 PL
HOMSTEAD, FL 33033

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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 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	P
NAME	SILVA, CAMILO
STREET ADDRESS	2430 SE 7 PL
CITY-ST-ZIP	HOMSTEAD, FL 33033
TITLE	S
NAME	SILVA, BEATRIZ
STREET ADDRESS	2430 SE 7 PL
CITY-ST-ZIP	HOMSTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _____ 04-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #