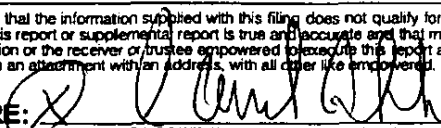


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

4/2

04-30-2007 90849 008 ***150.00

DOCUMENT # P02000087104 1. Entity Name SLV-SILVA CONSTRUCTION, CORP.		
Principal Place of Business 2430 SE 7 PL HOMSTEAD, FL 33033	Mailing Address 2430 SE 7 PL HOMSTEAD, FL 33033	
DO NOT WRITE IN THESE SPACES		
6. Name and Address of Current Registered Agent SILVA, CAMILO 2430 SE 7 PL HOMSTEAD, FL 33033		
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 renewing) _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, CAMILO 2430 SE 7 PL HOMSTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, BEATRIZ 2430 SE 7 PL HOMSTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04-13-07 Daytime Phone # _____

66017184



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

DO NOT WRITE IN THESE SPACES

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