


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03000057065**
 1. Entity Name
SILVER and Gold, INC.



FILED

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06 OCT 17 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7901 South Colony circle
 Suite, Apt. #, etc. **210**
 City & State **TAMARAC FL.**
 Zip **33321** Country **Broward**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 04-06
W06-44419
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4. FEI Number **20-5671520** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
 Name **LINA Velarde**
 Street Address (P.O. Box Number is Not Acceptable) **7901 South Colony circle**
210
 City **TAMARAC FL** Zip Code **33321**

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: *Lina Velarde* **Lina Velarde** **400081154674**
Signature, typed or printed name of registered agent and title of applicant (Print Name, Registered Agent Signature Required unless indicated) DATE
10/24/06--01045--014 **450.00

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President LINA Velarde 7901 South Colony circle TAMARAC, FL, 33321	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lina Velarde* **Lina Velarde**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Form #

CR200346 (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division Of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 - 2006 or any other notice from the Division of Corporations in respect with the Corporation **SILVER AND GOLD, INC.**

Thsnk you for your courtesy in this matter.

Lina Velarde

Lina Velarde

LINA VELARDE
PRESIDENT

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