
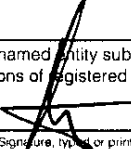
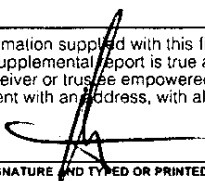


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 044 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # P04000168930  |   |    |   |
| 1. Entity Name<br>SILHOUETTE CENTER, INC   |   |   |   |
| Principal Place of Business<br>3000 NORTH FEDERAL HWY<br>FORT LAUDERDALE, FL 33306 US  |   | Mailing Address<br>3000 NORTH FEDERAL HWY<br>FORT LAUDERDALE, FL 33306 US   |   |
| 2. Principal Place of Business - No P.O. Box #<br>1311 NE 27 WAY<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>1311 NE 27 WAY<br>Suite, Apt. #, etc.   |   |
| City & State<br>POMPANO BEACH FL   |   | City & State<br>POMPANO BEACH   |   |
| Zip<br>FL 33062  |   | Zip<br>FL 33062   |   |
| Country  |   | Country   |   |
| 4. FEI Number<br>20-2027428  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>ADLER, ALEX<br>3000 NORTH FEDERAL HWY<br>FORT LAUDERDALE, FL 33306  |   | 7. Name and Address of New Registered Agent<br>Name: ADLER ALEX<br>Street Address (P.O. Box Number is Not Acceptable): 1311 NE 27 WAY<br>City: POMPANO BEACH FL Zip Code: 33062 |   |
| 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:  ALEX ADLER   |   | DATE: 02/14/08  |   |
| 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<br>After May 1, 2008 Fee will be \$550.00  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ADLER, ALEX<br>1311 NE 27TH WAY<br>POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  ALEX ADLER  |   | DATE: 02/14/08  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Day:time Phone #   |   |