

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036593

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** SILVESTER INSURANCE PROFESSIONALS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4290 PROFESSIONAL CENTER DRIVE  
SUITE 309  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4290 PROFESSIONAL CENTER DRIVE  
SUITE 309  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 26-4587508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLETT, STANLEY D ESQ.  
3399 PGA BOULEVARD  
SUITE 240  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** SILVESTER, STEVEN E  
**Address:** 4290 PROFESSIONAL CENTER DRIVE, SUITE 309  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STEVEN SILVESTER

P, D

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date