## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P93000003827 04-28-2004 90168 023 \*\*\*158.00 SILVIO SZILVE, INC. Principal Place of Business Mailing Address 1865 PLEASANT DR. 1865 PLEASANT DR. JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0376259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVIO, NANCY 1865 PLEASANT DR. DO NOT WRITE JUNO BEACH, FL 33408 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. n TITLE NAME SILVIO, NANCY STREET ADDRESS 1865 PLEASANT DR. CITY-ST-7fP JUNO BEACH, FL 33408 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

**FILED**