


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 011 ***150.00

DOCUMENT # P99000015225			
1. Entity Name SILVER TRADING, INC.			
Principal Place of Business 1290 WESTON ROAD SUITE 306 WESTON, FL 33326		Mailing Address 1290 WESTON ROAD SUITE 306 WESTON, FL 33326	
2. Principal Place of Business - No P.O. Box # 18501 PINES BLVD.		3. Mailing Address 18501 PINES BLVD.	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State PEMBROKE PINES		City & State PEMBROKE PINES	
Zip 33029		Country USA	
Country USA		Country USA	
4. FEI Number 65-0999134		Applied For - Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GBS CONSULTANTS, INC 1290 WESTON RD STE 306 FORT LAUDERDALE, FL 33326		7. Name and Address of New Registered Agent Name GBS CONSULTANTS, INC Street Address (P.O. Box Number is Not Acceptable) 18501 PINES BLVD. UNIT 201 City PEMBROKE PINES FL Zip Code 33029	
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 <u>Jorge Fernandez</u> Vice-President 03.05.2007 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD AREVALO, MARIA LUISA 1290 WESTON ROAD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AREVALO, MARIA LUISA 18501 PINES BLVD. UNIT 201 PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Maria Luisa Arevalos</u>		Date 03.05.2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	