


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90014 015 \*\*\*150.00

**DOCUMENT # P99000015225**

1. Entity Name  
**SILVER TRADING, INC.**




Principal Place of Business <b>18501 PINES BLVD.</b> <b>201</b> <b>PEMBROKE PINES, FL 33029</b>	Mailing Address <b>18501 PINES BLVD.</b> <b>201</b> <b>PEMBROKE PINES, FL 33029</b>
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2. Principal Place of Business - No P.O. Box # <b>12401 ORANGE DRIVE</b>	3. Mailing Address <b>12401 ORANGE DRIVE</b>
Suite, Apt. #, etc. <b>Suite 223</b>	Suite, Apt. #, etc. <b>Suite 223</b>

City & State <b>DAVIE, FLORIDA</b>	City & State <b>DAVIE, FLORIDA</b>
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Zip <b>33330</b>	Country <b>U.S.A</b>	Zip <b>33330</b>	Country <b>U.S.A</b>
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02012008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0999134</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GBS CONSULTANTS, INC**  
**18501 PINES BLVD.**  
**UNIT 201**  
**PEMBROKE PINES, FL 33029**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D	NAME AREVALO, MARIA LUISA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18501 PINES BLVD., UNIT 201	CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE PSD	NAME AREVALO, JUAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18501 PINES BLVD., UNIT 201	CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE D	NAME AREVALO, MARIA G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18501 PINES BLVD., UNIT 201	CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PSD	NAME MARIA LUISA AREVALO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12401 ORANGE DRIVE SUITE 223	CITY-ST-ZIP DAVIE, FL 33330	
TITLE D	NAME JUAN AREVALO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12401 ORANGE DRIVE SUITE 223	CITY-ST-ZIP DAVIE, FL 33330	
TITLE D	NAME MARIA G. AREVALO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12401 ORANGE DRIVE SUITE 223	CITY-ST-ZIP DAVIE	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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: Maria Luisa Arevalo Date: 2-4-08 Daytime Phone #: 9546598835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR