# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # F94278

1. Entity Name
SILVER INSURANCE AGENCY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3925 PALM AVENUE<br>HIALEAH, FL 33012 | P.O BOX 133570<br>HIALEAH, FL 33013 |

DO NOT WRITE IN THIS SPACE

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2217283
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
782 N.W. LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | VALDES, DANIEL R |
| STREET ADDRESS | 9755 SW 62 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | VD |
| NAME | HERRAN, MANUEL A |
| STREET ADDRESS | 8460 SW 5 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | TD |
| NAME | GUERRA, ARMANDO J |
| STREET ADDRESS | 9475 JOURNEYS END RD |
| CITY-ST-ZIP | CORAL GABLES, FL 33156 |
| TITLE | SD |
| NAME | FERNANDEZ, MIGUEL R (AST |
| STREET ADDRESS | 8360 NW 188 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | TD |
| NAME | HERRAN, JOSE A (ASSTN.) |
| STREET ADDRESS | 8455 GRAND CANAL DR. |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** R Valdes DANIEL R. VALDES 7/3/07 305 819-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #