

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94278

Entity Name: SILVER INSURANCE AGENCY INC.**Current Principal Place of Business:**3925 PALM AVENUE
HIALEAH, FL 33012**Current Mailing Address:**P.O BOX 133570
HIALEAH, FL 33013**FEI Number:** 59-2217283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF MACHADO & HERRAN, P.A.
8500 S.W. 8TH STREET
SUITE 238
MIAMI, FL 33144 US*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**Officer/Director Detail :**

Title	PD
Name	VALDES, DANIEL R
Address	9755 SW 62 ST
City-State-Zip:	MIAMI FL 33173

Title	VD
Name	HERRAN, MANUEL A
Address	8460 SW 5 ST
City-State-Zip:	MIAMI FL 33144

Title	TD
Name	GUERRA, ARMANDO J
Address	9475 JOURNEYS END RD
City-State-Zip:	CORAL GABLES FL 33156

Title	SD
Name	DANIEL F. VALDES
Address	3925 PALM AVENUE
City-State-Zip:	HIALEAH FL 33012

Title	TD
Name	HERRAN, JOSE A (ASSTN.)
Address	8455 GRAND CANAL DR.
City-State-Zip:	MIAMI FL 33144

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: DANIEL R VALDES**PRESIDENT****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date