

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036593

**Entity Name:** SILVESTER INSURANCE PROFESSIONALS OF SOUTH FLORIDA, INC.

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC3641233965**

**Current Principal Place of Business:**

4290 PROFESSIONAL CENTER DRIVE  
SUITE 309  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4290 PROFESSIONAL CENTER DRIVE  
SUITE 309  
PALM BEACH GARDENS, FL 33410

**FEI Number: 26-4587508**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KLETT, STANLEY DESQ.  
3399 PGA BOULEVARD  
SUITE 240  
PALM BEACH GARDENS, FL 33410 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 P, D  
Name SILVESTER, STEVE  
Address 4290 PROFESSIONAL CENTER DRIVE  
309  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: STEVE SILVESTER**

**PRESIDENT**

**02/04/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date