2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 363944

1. Entity Name
SILVERMAN & CO., INC.

Principal Place of Business	Mailing Address
2974 SW ABA STREET PORT SAINT LUCIE, FL 34952	2974 SW ABA STREET PORT SAINT LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

02072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1321091	Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, ALVIN
2974 SW ABA STREET
PORT SAINT LUCIE, FL   34-9522

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000046699 02/12/04-80011-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	VS
NAME	SILVERMAN, ALVIN
STREET ADDRESS	2974 SW ABA STREET
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____Alvin Silverman_____   02/07/04   (772)-337-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #