
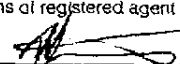


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 363944</b>					
1. Entity Name <b>SILVERMAN &amp; CO., INC.</b>					
Principal Place of Business <b>2974 SW ABA STREET PORT SAINT LUCIE FL 34952</b>			Mailing Address <b>2974 SW ABA STREET PORT SAINT LUCIE FL 34952</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country <b>U.S.A</b>	Zip	Country <b>U.S.A</b>	4. FEI Number <b>59-1321091</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SILVERMAN, ALVIN                  2974 SW ABA STREET                  PORT SAINT LUCIE FL 34-9522</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>   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 				DATE <b>02/09/06</b>	
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reconstituting)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>SILVERMAN, ALVIN</b>		NAME		
STREET ADDRESS	<b>2974 SW ABA STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		



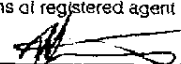
1st MOORE CR2E034 (10/05)

4. FEI Number **59-1321091**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

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

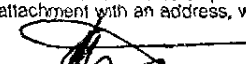
SIGNATURE  DATE **02/09/06**

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

<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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NAME	<b>SILVERMAN, ALVIN</b>		NAME		
STREET ADDRESS	<b>2974 SW ABA STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34952</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 02/23/06-80021-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **02/09/06** 772-337-3236