

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 631516

**FILED  
Jul 18, 2012  
Secretary of State**

**Entity Name:** SILVESTRI CORPORATION

**Current Principal Place of Business:**

449 NE 24 ST  
MIAMI, FL 33137

**New Principal Place of Business:**

1504 ROYAL LANE  
COLLEYVILLE, TX 76034

**Current Mailing Address:**

449 NE 24 ST  
MIAMI, FL 33137

**New Mailing Address:**

P.O. BOX 1982  
COLLEYVILLE, TX 76034

**FEI Number:** 59-1973693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVESTRI, GIOVANNI  
Address: P.O. BOX 1982  
City-St-Zip: COLLEYVILLE, TX 76034

Title: VPT  
Name: SILVESTRI, CARLO  
Address: P.O. BOX 1982  
City-St-Zip: COLLEYVILLE, TX 76034

Title: S  
Name: SILVESTRI, STEPHANIE S  
Address: P.O. BOX 1982  
City-St-Zip: COLLEYVILLE, TX 76034

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: CARLO SILVESTRI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VPT

07/18/2012

\_\_\_\_\_  
Date