


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 648647
 1. Entity Name
 SILVERMAN & VICENS, P.A.



Principal Place of Business _____ Mailing Address _____
 2121 PONCE DE LEON _____ 2121 PONCE DE LEON _____
 SUITE 1100 _____ SUITE 1100 _____
 MIAMI, FL 33134 _____ MIAMI, FL 33134 _____

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number _____ Applied For _____
 59-1956382 _____ Not Applicable _____

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

6. Name and Address of Current Registered Agent
 SILVERMAN, SAUL
 8430 SW 170 TERRACE
 MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PSD
 NAME SILVERMAN, SAUL
 STREET ADDRESS 2121 PONCE DE LEON SUITE 1100
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE _____
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 CITY-ST-ZIP _____

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TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Saul H Silverman SAUL SILVERMAN 4/22/05 305 442 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #