

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F01000003949</b>			
1. Entity Name <b>SILVERADO INTERNATIONAL INC.</b>			
Principal Place of Business <b>1600 S. FED. HWY STE 820 POMPANO BEACH, FL 33062</b>		Mailing Address <b>1600 S. FED. HWY STE 820 POMPANO BEACH, FL 33062</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03302008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>51-0337013</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRITISH DIAGNOSTIC INSTITUTE FT. LAUDERDALE INC 1600 S FED HWY STE 820 POMPANO BEACH, FL 33062</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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>04/02/2008</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000882508 04/16/08-80044-014 150.00</b>
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GOULET, MARC 1600 S FED. HWY STE 820 POMPANO BEACH, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		<b>04/02/2008</b> Date Daytime Phone	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			