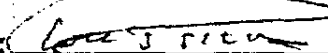


FROM

(WED) APR 26 2006 11:26/ST. 11:22/No. 6810142861 P 2

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000015			
1. Entity Name SILVA BROS. INC.			
Principal Place of Business 4125 CLEVELAND AVE SUITE 1845 FORT MYERS, FL 33901		Mailing Address 105 NORTH DARTMOUTH MALL NORT DARTMOUTH, MA 02747	
DO NOT WRITE IN THIS SPACE			
		04262006 No Chg-P CR2E034 (1/05)	
		4. FEI Number 05-0498438	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent SCIARRETTA, STEVEN 2300 GLADES ROAD, #302 EAST BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
9. 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 reappointing)		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$6.00 May Be Added to Fees
		000000550503 05/13/06-80063-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SILVA, LOUIS 105 NORTH DARTMOUTH MALL NORT DARTMOUTH, MA 02747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS SILVA, JOYA 105 NORTH DARTMOUTH MALL NORT DARTMOUTH, MA 02747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, EDWARD 105 NORTH DARTMOUTH MALL NORT DARTMOUTH, MA 02747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	