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	Mailing Address
4125 CLEVELAND AVE SUITE 1845 FORT MYERS, FL 33901	105 NORTH DARTMOUTH MALL NORT DARTMOUTH, MA 02747

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0498436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN
2300 GLADES ROAD, #302 EAST
BOCA RATON, FL 33431

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

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	CPT
NAME	SILVA, LOUIS
STREET ADDRESS	105 NORTH DARTMOUTH MALL
CITY-ST-ZIP	NORT DARTMOUTH, MA 02747
TITLE	VCS
NAME	SILVA, JOYA
STREET ADDRESS	105 NORTH DARTMOUTH MALL
CITY-ST-ZIP	NORT DARTMOUTH, MA 02747
TITLE	D
NAME	SILVA, EDWARD
STREET ADDRESS	105 NORTH DARTMOUTH MALL
CITY-ST-ZIP	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	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #