2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003134

City-St-Zip:

LOS ANGELES, CA 90010

Entity Name: SILV COMMUNICATION INC.

FILED Jan 19, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
SUITE 110	SHIRE BLV., 03 ELES, CA 90	010				
Current Mailing Address:			New Mailing Address:			
SUITE 110	SHIRE BLV., 13 ELES, CA 90	010				
FEI Number: 95-4865712 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
155 OFFIC SUITE A	RED AGENT CE PLAZA DR SSEE, FL 323					
	named entity e of Florida.	submits this statement for the p	purpose of changing i	ts registered	d office or registered agent, o	or both,
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	SK GOLAM A	RE BLV., STE. 1103	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MD AMINUR F	RE BLV., STE. 1103	Title: Name: Address: City-St-Zip:		(X) Change () Addition EDA, HRE BLV., STE. 1103 ES, CA 90010	
Title: Name: Address: City-St-Zip:	ZEPEDA, ELÈ	RE BLV., STE. 1103	Title: Name: Address: City-St-Zip:		(X) Change () Addition IZABETH IIRE BLV., STE. 1103 ES, CA 90010	
Title: Name: Address:	SHAIKH, JOH	X) Delete N RE BLV., STE. 1103	Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SK GOLAM AHIA CP 01/19/2009