


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG - 7 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56331 1. Entity Name SILVER CONTRACTORS CORP.					
Principal Place of Business 3109 STIRLING RD. SUITE 200 FT. LAUDERDALE, FL 33312 US			Mailing Address 3109 STIRLING RD. STE 200 FT. LAUDERDALE, FL 33312 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0197566	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLLANDER, WALTER J. 3109 STIRLING RD. STE 200 FT. LAUDERDALE, FL 33312				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLANDER, DAVID G. 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, MELISSA 3109 STIRLING RD #200 FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLANDER, EVAN 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500078626055 08/11/06--01030--003 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLANDER, WALTER J. 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL		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: <u>WALTER J. HOLLANDER</u> <u>7/25/06</u> <u>(954) 962-7700</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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