


2007 FOR PROFIT CORPORATION
ANNUAL REPORT


FILED
Feb 19, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0197566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLANDER, WALTER J.
3109 STIRLING RD.
STE 200
FT. LAUDERDALE, FL 33312**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, MELISSA 3109 STIRLING RD #200 FORT 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	SD HOLLANDER, WALTER J. 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/07-80085-024 150.00

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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **WALTER J. HOLLANDER, Sec** **2/20/07 (954) 962-9700**

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