2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 Al Secretary of State

| DC | CL | IN | 15 | NT | # | 1.5 | RZ | 31 |
|----|--------------|-----|---|-----|----|-----|----|----|
| - | \mathbf{v} | JIV | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 181 | ** | ᆫ | UU | J |

1. Entity Name

SILVER CONTRACTORS CORP.



Principal Place of Business

3109 STIRLING RD.

SUITE 200

FT. LAUDRDALE, FL 33312 US

Mailing Address

3109 STIRLING RD.

STE 200

FT. LAUDERDALE, FL 33312

01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0197566 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOLLANDER, WALTER J. 3109 STIRLING RD. STE 200

FT. LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | - | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ACKERMAN, MELISSA 3109 STIRLING RD #200 FORT LAUDERDALE, FL 33312 | | | | U00000839425 | | | | | |
| TITLE Name Street address City-St-Zip | V HOLLANDER, EVAN 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL | | | • | U00000839425 03/06/08-80007-019 150.00 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOLLANDER, WALTER J. 3109 STIRLING ROAD NO. 200 FORT LAUDERDALE, FL | _ | | DO | NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| 12. I hereby centry 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 of 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 egipowered 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 a other like simpowered. | | | | | | | | | | |