


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L61492</b> 1. Entity Name <b>SILVAIR INC.</b>	
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Principal Place of Business <b>7126 NW 50TH ST. MIAMI, FL 33166</b>	Mailing Address <b>7126 NW 50TH ST. MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0242257</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVA, IRVING J  
7126 NW 50TH ST.  
MIAMI, FL 33166**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SILVA, IRVING J 7126 NW 50TH ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, CLELIA 7126 NW 50TH ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVA, IRVING M 7126 NW 50 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SILVA, KAREN M 7126 NW 50 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/04-80006-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Clelia Silva **CLELIA SILVA** 03-31-04 305-599-9667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #