


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L61492	
1. Entity Name SILVA IR INC.	

Principal Place of Business 7126 NW 50TH ST. MIAMI, FL 33166	Mailing Address 7126 NW 50TH ST. MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

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

8. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000899811 04/29/08-80004-011 150.00
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE: Clelia Silva **04-12-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #