

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 00-01		267388	
1. Corporation Name The Silwady's, inc			
Principal Place of Business 300 W Camino Real BOCA RATON FL 33432		Mailing Address 300 W Camino Real BOCA RATON FL 33432	
2. Principal Place of Business 21 W CAMINO REAL Suite, Apt. #, etc. 22 300		2a. Mailing Address 26 W CAMINO REAL Suite, Apt. #, etc. 27 300	
City & State 23 BOCA RATON FL Zip 24 33432		City & State 28 BOCA RATON Zip 29 33432	
Country 25 Palm Beh		Country 30 Palm Beh	
9. Name and Address of Current Registered Agent HARB RAID 183 DRAGON LANE BOCA RATON FL			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE X			
12. OFFICERS AND DIRECTORS TITLE PST NAME HARB RAID STREET ADDRESS 183 DRAGON LANE CITY-ST-ZIP BOCA RATON FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 900003850979-1 1.3 STREET ADDRESS -03/13/01--01096--005 1.4 CITY-ST-ZIP *****300.00 *****300.00 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

10/2  
FILED  
01 MAR 12 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 59-3001091  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE X

(NOTE: Registered Agent signature required when reinstating)

DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME HARB RAID  
STREET ADDRESS 183 DRAGON LANE  
CITY-ST-ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME 900003850979-1  
1.3 STREET ADDRESS -03/13/01--01096--005  
1.4 CITY-ST-ZIP \*\*\*\*\*300.00 \*\*\*\*\*300.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

**KATTOURA & ASSOCIATES, INC.**  
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315  
Boca Raton, FL 33432  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, FL 33429  
FAX: (561) 394-5134

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National Society of Tax Professional

March 1, 2001

Division of Corporation  
P.O. ox 1500  
Tallahassee, FL 32302-1500

**Ref: The Silwady's, Inc.**  
**Annual report L67388**

Dear Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing a report and a check in the amount of \$300.00 for 2000 and 2001. Please accept this annual report as reinstatement.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,

  
Andre K Kattoura