


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M46568</b> 1. Entity Name <b>SILVERI LEASING, INC.</b>																																					
Principal Place of Business <b>1440 N. POWERLINE ROAD POMPAÑO BEACH FL 33069</b>			Mailing Address <b>1440 N. POWERLINE ROAD POMPAÑO BEACH FL 33069</b>																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		4. FEI Number <b>59-2787366</b>																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																			
6. Name and Address of Current Registered Agent  <b>SILVERI, MIKE 1440 N. POWERLINE ROAD POMPAÑO BEACH FL 33069</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																	
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 re-registering) DATE _____																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May / Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>SILVERI, MIKE S.</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1440 N. POWERLINE ROAD</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>POMPAÑO BEACH FL 33069</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete		<b>SILVERI, MIKE S.</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1440 N. POWERLINE ROAD</b>		CITY- ST- ZIP	<b>POMPAÑO BEACH FL 33069</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Add</td> </tr> <tr> <td></td> <td><b>000000480612</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>04/18/06-30050-021</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>150.00</b></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Add		<b>000000480612</b>				STREET ADDRESS	<b>04/18/06-30050-021</b>				CITY- ST- ZIP	<b>150.00</b>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/22/06** Daytime Phone #