


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150,

<b>DOCUMENT # M81577</b> 1. Entity Name <b>SILVER VASE, INC.</b>	
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FILED

04 APR -1 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business % ANDRES E. BARTHA 26001 S.W. 217TH AVE. HOMESTEAD FL 33031	Mailing Address % ANDRES E. BARTHA 26001 S.W. 217TH AVE. HOMESTEAD FL 33031
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0627787</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BARTHA, ANDRES E. 13123 SW 64 CT MIAMI FL 33158
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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B. 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, 2004 Fee will be \$550.00**  
**Make Check payable to Florida Department of State**

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	P/D BARTHA, ANDRES E. <input type="checkbox"/> Delete STREET ADDRESS 13123 SW 64 CT CITY-ST-ZIP MIAMI FL 33158
TITLE	VTD BARTHA, ILMA <input type="checkbox"/> Delete STREET ADDRESS 13123 SW 64 CT CITY-ST-ZIP MIAMI FL 33158
TITLE	V REMETE, TOMAS <input type="checkbox"/> Delete STREET ADDRESS 10904 SW 134 CT. CITY-ST-ZIP MIAMI FL 33186
TITLE	V BEY, THOMAS P <input type="checkbox"/> Delete STREET ADDRESS 23001 SW 156 AVE. CITY-ST-ZIP MIAMI FL 33170
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. 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 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

3-26-04  
 Date

305-248-0821  
 Daytime Phone #