2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # M91011 1. Entity Name MITCHELL A. SILVER & CO., INC. | | | | | Jan 28, 2005 08:00 AM Secretary of State | | | | |
|---|--|---|-----------------------------------|--------------------------|--|--------------------------------------|--------------------|-----------|----------------|
| Principal Plac | e of Business | Mailing Address | | 2011 |] | | | | |
| P.O. BOX 2 | | P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 | | | | | | | |
| | | | | |) (III) | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | 15 | st MOORE | CR2E034 (1 | 0/04) | |
| City & State | | City & State | | 4. FEI Numb | ^{Der} 22-2951144 | | | plied For | |
| Zip | Country | Zip | Country | | 5. Certificate | e of Status Desired | | 3.75 Add | ditional |
| 6. Name and Address of Curren | | Registered Agent | | · · · · · · · · · | 7. Name and | d Address of New R | | <u> </u> | <u></u> |
| SILVER, MITCHELL A. 2648 WILSON ST HOLLYWOOD FL 33020 | | | - | Name Street Address (| et Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | - | City | · · | | FL | Zip Code | 3 |
| After | Sgneture, typed of printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of |) | Registered A | Agent signatute required | when reinstating) | 9. Election Campa Trust Fund Conl | | | 00 May C |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | /CHANGES TO OFF | CERS AND DI | RECTÓRS | 3 <u>IN</u> 11 |
| THE NAME STREET ADDRESS CITY-ST-ZIP | PDT SILVER, MITCHELL A. 3015 N OCEAN BLVD 6L FT LAUDERDALE FL | ☐ Delete | TITLE NAME STREET CHY S | ADDRESS 1-7IP | | 01/28/05-81 | 01 730 0079-008 | Change | OO Addilia |
| THE NAME STREET ADDRESS CHY ST-ZIP | SD SILVER, FREDDA A. 3015 N OCEAN BLVD 6L FT LAUDERDALE FL | □ Delete | THEF NAME STHEET GITY-S | ADDRESS 1- ZiP | | | |] Change | Addifi |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | MAME SIREET CITY-S | ADDRESS 1- ZIP | | | <u> </u> |] Change | iiibbA 🔝 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET CUY-S | ADDRESS 1- ZIP | | | | Change | Addilio |
| THILE NAME SIRFFI ADDRESS CITY ST-ZIP | | ☐ Oolete | L THE NAME STREET CITY S | ADDRESS 1: ZIP | | , | |] Change | Additt |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | THEE NAME STREET CHY-S | ADDRESS | | | |] Change | Addition |

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | | SIGNATURE | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytone Phone 4

FILED