

**2004 NON-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90029 024 ****61.25

DOCUMENT # N0000008496
1. Entity Name
GLORIA M. SILVERIO FOUNDATION, INCORPORATED



Principal Place of Business Mailing Address
6801 NW 77TH AVE., STE. 404 MIAMI FL 33166 **6801 NW 77TH AVE., STE. 404 MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **65-1075409** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SILVERIO, NICHOLAS E
6801 NW 77TH AVE., STE. 404
MIAMI FL 33166**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D/PT	<input type="checkbox"/> Delete
NAME	SILVERIO, NICK E	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	BOOTH, MARTHA	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	MORALES, CLARITA	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	WRONECKI, DOREEN	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	AESCHLEMAN, ANA	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Nick E. Silverio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *March 17, 2004* Phone #: *305/882-1304*