


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008496 1. Entity Name GLORIA M. SILVERIO FOUNDATION, INCORPORATED			
Principal Place of Business 6801 NW 77TH AVE., STE. 404 MIAMI FL 33166		Mailing Address 6801 NW 77TH AVE., STE. 404 MIAMI FL 33166	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **65-1075409** Applied For
Not Applied

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	
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8. I, 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 \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D/PT <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	SILVERIO, NICK E	NAME	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	STREET ADDRESS	U00000403731
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	02/06/06-80018-022 61.25
TITLE	D/V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	BOOTH, MARTHA	NAME	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	MORALES, CLARITA	NAME	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	WRONECKI, DOREEN	NAME	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	AESCHLEMAN, ANA	NAME	
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Nicholas Silverio*

1-25-06 305/887-1204 1.