

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001303

FILED
Feb 21, 2008
Secretary of State

Entity Name: SILICON RO INC.

Current Principal Place of Business:

4318 MURDOCK AVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4318 MURDOCK AVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 47-0850777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLNAR, CSABA
4318 MURDOCK AVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLNAR, SZABOLCS A
Address: 4318 MURDOCK AVE
City-St-Zip: SARASOTA, FL 34231

Title: S () Delete
Name: GEORGESCU, ANA C
Address: 4318 MURDOCK AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MOLNAR, GELLERT
Address: 4318 MURDOCK AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MOLNAR, CSABA
Address: 4318 MURDOCK AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MOLNAR, SZILARD
Address: STR. HARGHITA NR. 7/8
City-St-Zip: MIERCUREA CIUC, HR 4100 RO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SZABOLCS MOLNAR

P

02/21/2008

Electronic Signature of Signing Officer or Director

Date