2004
~~2003~~ **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

0006270

DOCUMENT # N97000002561

1. Entity Name

SILENT VOICES, INC.

Principal Place of Business	Mailing Address
3211 SABAL PALM MANOR 1-205 HOLLYWOOD FL 33024	P.O. BOX 245311 PEMBROKE PINES FL

☐ CHECK HERE IF MAKING CHANGES 04

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0751876	Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZELEDON, LESLIE 2971 NW 165 ST. MIAMI FL 33054	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25 After September 10, 2003, min will be $236.25	**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		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (4/03)

TITLE	D	☐ Delete	TITLE	*Eddie Brown* by	☐ Change	☑ Addition
NAME	ZELEDON, LESLIE		NAME			
STREET ADDRESS	2971 NW 165 ST.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP			

TITLE	D	☐ Delete	TITLE	09/01/04--01046--008 **$61.25		☑ Addition
NAME	TURNER, JOSEPHINE		NAME			
STREET ADDRESS	1825 N.W. 52ND ST.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP			

TITLE	D	☐ Delete	TITLE	400040731654	☐ Change	☐ Addition
NAME	CASWELL, ANTHONY		NAME	09/01/04--01046--008 **61.25		
STREET ADDRESS	5020 S.W. 145TH AVE.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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 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: ___Leslie Zeledon___   5-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #