

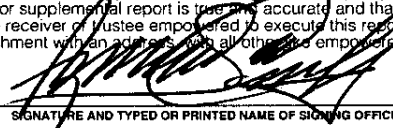


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90022 010 \*\*\*150.00

<b>DOCUMENT # P00000010279</b>					
<b>1. Entity Name</b> SILVER GAS, INC.					
<b>Principal Place of Business</b> 7900 N.W. 155 STREET SUITE # 204 MIAMI LAKES, FL 33016 US			<b>Mailing Address</b> 7900 N.W. 155 STREET SUITE # 204 MIAMI LAKES, FL 33016 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242004 Chg-P CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0996311	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ESPINOSA, LUIS M 15522 N.W. 82 PLACE MIAMI LAKES, FL 33016			(New Address) → Street Address (P.O. Box Number is Not Acceptable) 15525 NW 83rd. Court City Miami Lakes FL Zip Code 33016		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> ESPINOSA, LUIS M <b>STREET ADDRESS</b> 15522 N.W. 82 PLACE <b>CITY-ST-ZIP</b> MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Espinosa, Luis M. <b>STREET ADDRESS</b> 15525 NW 83rd. Court <b>CITY-ST-ZIP</b> Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> DELGADO, JOSE <b>STREET ADDRESS</b> 7950 N.W. 155 STREET SUITE # 104 <b>CITY-ST-ZIP</b> MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CAMBERT, RENE M <b>STREET ADDRESS</b> 15824 N.W. 83 AVENUE <b>CITY-ST-ZIP</b> MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BEANE, REGINALD E <b>STREET ADDRESS</b> 5088 N.W. 81 AVENUE <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> DELGADO, OSCAR <b>STREET ADDRESS</b> 7950 N.W. 155 STREET SUITE # 104 <b>CITY-ST-ZIP</b> MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 if changed, or on an attachment with an addendum with all other officers empowered.</b>					
<b>SIGNATURE:</b> 			Rene M. Cambert 3/25/04 786-621-3130		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		