


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90020 013 \*\*\*150.00

<b>DOCUMENT # P00000077650</b>	
1. Entity Name <b>SILVERS ENTERTAINMENT GROUP, INC.</b>	

Principal Place of Business <b>16850-112 COLLINS AVE. SUITE #325 SUNNY ISLES FL 33160</b>	Mailing Address <b>16850-112 COLLINS AVE. SUITE #325 SUNNY ISLES FL 33160</b>
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2. Principal Place of Business <b>8983 Okeechobee Blvd.</b>	3. Mailing Address <b>8983 Okeechobee Blvd.</b>
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Suite, Apt. #, etc. <b>Suite #202, PMB #203</b>	Suite, Apt. #, etc. <b>Suite #202, PMB #203</b>
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City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
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Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33411</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>SILVERS, STEVEN 16850-112 COLLINS AVE. SUITE #325 SUNNY ISLES FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Steven A. Silvers (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>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <b>SILVERS, STEVEN</b> <b>16850-112 COLLINS AVE., STE 325</b> <b>SUNNY ISLES FL 33160</b> <input type="checkbox"/> Delete <b>Steven A. Silvers</b> <b>8983 Okeechobee Blvd.</b> <b>Suite 202 PMB 203</b> <b>West Palm Beach, FL 33411-USA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other lines empowered.

SIGNATURE: Steven A. Silvers 3/2/04 (954) 445-6788

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