


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90199 037 \*\*\*150.00

<b>DOCUMENT # P00000077786</b>					
<b>1. Entity Name</b> SILVER BAZAR . COM CORP					
<b>Principal Place of Business</b> 3899 NW 7TH ST #203 MIAMI, FL 33126			<b>Mailing Address</b> 3899 NW 7TH ST #203 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 2500 E. HALLANDALE BLVD		<b>3. Mailing Address</b> 2500 E. HALLANDALE BLVD			
Suite, Apt. #, etc. 407-A		Suite, Apt. #, etc. 407-A			
City & State HALLANDALE FL		City & State		06282005 Chg-P CR2E034 (10/03)	
Zip 33009		Country USA		<b>4. FEI Number</b> 65-1032977	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BENSUSAN, ISAAC 3899 NW 7TH ST #203 MIAMI, FL 33126				<b>7. Name and Address of New Registered Agent</b> Name BECHERANO, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 2500 E. Hallandale Blvd Suite #407-A City Hallandale FL Zip Code 33009	
<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>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSUSAN, ISAAC 3899 NW 7TH ST #203 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECHERANO, SALVADOR 2500 E. Hallandale Blvd Suite 407-A Hallandale FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
<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 address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

20062664



ATTACHMENT

20062644

April 9, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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<b>DOC. # P00000077786</b>	<b>NEW ADDRESS:</b> <b>2500 E. Hallandale Blvd Suite 407-A</b> <b>Hallandale FL 33009</b>
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To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2005, according to ours records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,



PRESIDENT