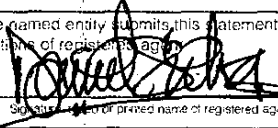
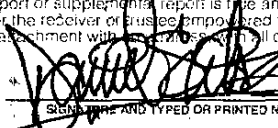


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 006 ***150.00

DOCUMENT # P00000080132 1. Entry Name SILVA HEEREN, INC.					
Principal Place of Business 7125 SW 158 PATH MIAMI, FL 33193			Mailing Address 7125 SW 158 PATH MIAMI, FL 33193		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1062861	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SILVA, ANDRES D 8760 S.W. 133RD AVENUE ROAD, SUITE 407 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name SILVA, ANDRES D. Street Address (P.O. Box Number is Not Acceptable) 7125 SW 158 PATH City MIAMI FL 33193	
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  DATE _____ Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PD SILVA, ANDRES D ☐ Delete 7125 SW 158 PATH MIAMI, FL 33193			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ 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 a signature of an officer or other like empowered.					
SIGNATURE: 			Date 9-4-04 Daytime Phone # 305-752-1137		

54072821



07132004 Chg-P CR2E034 (10/03)