2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90066 014 ***150.00

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1. Entity Name
SILCON, INC.

Principal Place of Business	Mailing Address
22563 SW 66 AVENUE #10 BOCA RATON, FL 33428	22563 SW 66 AVENUE #10 BOCA RATON, FL 33428

400062110

01272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 2925 NW 97 CT	3. Mailing Address 2925 NW 97 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State MIAMI, FL
Zip 33172 Country DADE	Zip 33172 Country DADE

4. FEI Number 65-1057496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINES, GUSTAVO A ESQ
3301 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name CATERBETTI MARIA A.
Street Address (P.O. Box Number is Not Acceptable)
2925 NW 97 CT
City MIAMI FL Zip Code 33172

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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CATERBETTI, MARTA ANGELICA 2925 NW 97 CT MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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