

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 DEC -9 AM 11:29

AMENDED

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                            |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000096177</b><br>1. Entity Name<br><b>SILVERSTONE HOLDINGS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                                            |                                                                              |
| Principal Place of Business<br>1000 BRICKELL AVE<br>SUITE 900<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Mailing Address<br>1000 BRICKELL AVE<br>SUITE 900<br>MIAMI, FL 33131                                                                                                                                                                       |                                                                              |
| 2. Principal Place of Business<br><b>380 W. 78th Road</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 3. Mailing Address<br><b>380 W. 78th Road</b><br>Suite, Apt. #, etc.                                                                                                                                                                       |                                                                              |
| City & State<br><b>Hialeah, Florida</b><br>Zip<br><b>33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | City & State<br><b>Hialeah, Florida</b><br>Zip<br><b>33014</b>                                                                                                                                                                             |                                                                              |
| Country<br><b>U.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | Country<br><b>U.S.</b>                                                                                                                                                                                                                     |                                                                              |
| 4. FEI Number<br><b>65-1067898</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                            |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>RICARDO BAJANDAS, PA</b><br><b>1000 BRICKELL AVE</b><br><b>SUITE 900</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | 7. Name and Address of New Registered Agent<br>Name<br><b>Leslie Alan Rozenzwaig, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1 S.E. 3rd Avenue</b><br>Suite 960<br>City, <b>Miami</b> , FL Zip Code <b>33131</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.<br>SIGNATURE:  DATE: <b>11/25/03</b>                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                                                                            |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Amended UBR is \$81.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                     |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                      |                                                                              |
| TITLE<br><b>PD</b><br>NAME<br><b>GOMEZ, LORENA</b><br>STREET ADDRESS<br><b>1000 BRICKELL AVE, SUITE 900</b><br>CITY-ST-ZIP<br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            | TITLE<br><b>380 W. 78th Road</b><br>STREET ADDRESS<br><b>Hialeah, Florida 33014</b><br>CITY-ST-ZIP                                                                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>AS</b><br>NAME<br><b>BAJANDAR, RICARDO</b><br>STREET ADDRESS<br><b>1000 BRICKELL AVE, SUITE 900</b><br>CITY-ST-ZIP<br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Delete | TITLE<br><b>S.D.</b><br>NAME<br><b>Esteban Evelio Gomez</b><br>STREET ADDRESS<br><b>380 W. 78th Road</b><br>CITY-ST-ZIP<br><b>Hialeah, Florida 33014</b>                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete            | TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete            | TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete            | TITLE<br><b>NAME</b><br>STREET ADDRESS<br><b>CITY-ST-ZIP</b>                                                                                                                                                                               | <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 like empowered. |                                            |                                                                                                                                                                                                                                            |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | DATE: <b>11/25/03</b>                                                                                                                                                                                                                      |                                                                              |

CFR2034 (10/02)

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