2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2004 08:00 AM DOCUMENT # P01000019009 **Secretary of State** SILVER SALES UNLIMITED INC. Mailing Address Principal Place of Business **4765 SABLE PINE CIRCLE** 4765 SABLE PINE CIRCLE WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 02152004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1075351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILBERFINE, YALE DO NOT WRITE 4765 SABLE PINE CIRCLE WEST PALM BEACH, FL 33417 IN THIS SPACE 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 15 FEB 2004 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000077405 03/05/04-80041-012 150.00 OFFICERS AND DIRECTORS 10. PD TITLE SILBERFINE, YALE NAME 4765 SABLE PINE CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 TIBE SILBERFINE, MIA NAME 4765 SABLE PINE CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 TIGE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 317LE NAME STREET ADDRESS CRY-57-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 auditors, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR SERVICED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 2004 S61648982

FILED