2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90686 016 ***150.00

DOCUMENT # P01000048045

1. Entity Name
SILANTA SOLUTIONS CORPORATION

44046383

Principal Place of Business	Mailing Address
6103 JOHNS ROAD STE 1 TAMPA, FL 33634	P.O. BOX 260502 TAMPA, FL 33685

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7028 W. WATERS AVE	
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33634 Country: USA	Zip Country

4. FEI Number: 59-3733083 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORTORRLLO, JOHN V
4822 BONITA VISTA DR
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name: JOHN V. TORTORELLO
Street Address (P.O. Box Number is Not Acceptable): 4822 BONITA VISTA DR.
City: TAMPA FL Zip Code: 33634

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: J V Tortorello RA 4/16/04
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, 2004 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	P PLAVNICK, BRIAN 6103 JOHNS ROAD STE 1 TAMPA, FL 33634	☐ Delete	P PLAVNICK, BRIAN 7028 W. WATERS AVE #110 TAMPA, FL 33634	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST PLAVNICK, KIMBERLY 6103 JOHNS ROAD STE 1 TAMPA, FL 33634	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TORTORELLO, JOHN V 4822 BONITA VISTA DR TAMPA, FL 33634	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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 an address, with all other like empowered.

SIGNATURE: J V Tortorello VP 4/16/2004 813-886-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #