

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90221 047 \*\*\*150.00

**DOCUMENT # P01000055917**

**1. Entity Name**  
**SILSAL CORP.**



**Principal Place of Business**  
**1003 SHOTGUN RD.**  
**SUNRISE, FL 33326**

**Mailing Address**  
**1003 SHOTGUN RD.**  
**SUNRISE, FL 33326**



04272004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> <b>65-1125992</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SALAZAR, JOHN**  
**1003 SHOTGUN RD.**  
**SUNRISE, FL 33326**

**DO NOT WRITE  
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.**

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>SALAZAR, SILVANA</b>
<b>STREET ADDRESS</b>	<b>1003 SHOTGUN RD.</b>
<b>CITY-ST-ZIP</b>	<b>SUNRISE, FL 33326</b>

<b>TITLE</b>	<b>VPS</b>
<b>NAME</b>	<b>SALAZAR, JOHN</b>
<b>STREET ADDRESS</b>	<b>1003 SHOTGUN RD.</b>
<b>CITY-ST-ZIP</b>	<b>SUNRISE, FL 33326</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04 954-3941956**  
Date Daytime Phone #