

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90168 044 \*\*\*150.00

<b>DOCUMENT #</b> <i>P01000068431</i>					
<b>1. Entity Name</b> Southern Silver and China Inc					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 9835 Lake Worth Rd Suite, Apt. #, etc. 16-320 City & State Lake Worth FL			<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State		
Zip 33467-2300			Country Palm Beach		Country
<b>4. FEI Number</b> 65-1141072			Applied For Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>7. Name and Address of Current Registered Agent</b> Name Ann Aimis Street Address (P.O. Box Number is Not Acceptable) 9835 Lake Worth Rd 16-320 City Lake Worth FL Zip Code 33467					
<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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	President	TITLE		TITLE	
NAME	Ann Aimis	NAME		NAME	
STREET ADDRESS	9835 Lake Worth Rd #16-320	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	Lake Worth FL 33467-2300	CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
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<b>DO NOT WRITE IN THIS SPACE</b>					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Ann Aimis</i> <i>5/1/03</i> <i>501-908-6599</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)