

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 021 ***150.00

DOCUMENT # P01000103039

1. Entity Name
SILVA BUILDERS, INC.



Principal Place of Business
4960 NW 165TH STREET
MIAMI, FL 33014

Mailing Address
7333 MIAMI LAKES DR
STE 691
MIAMI LAKES, FL 33014



2. Principal Place of Business

3. Mailing Address

4960 NW 165 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B-1

02092006

Chg-P

CR2E034 (11/05)

City & State

City & State

Miami Lakes, FL

4. FEI Number

05-0523171

Applied For

Not Applicable

Zip

Country

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGOSTINHO, ADELINO SILVA
14399 SW 47 STREET
MIRAMAR, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 P ☐ Delete
NAME AGOSTINHO, ADELINO S
STREET ADDRESS 14399 SW 47 STREET
CITY - ST - ZIP MIRAMAR, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V ☐ Delete
NAME AGOSTINHO, TANIA
STREET ADDRESS 14399 SW 47 STREET
CITY - ST - ZIP MIRAMAR, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 6/3/06