2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103039

1. Entity Name
SILVA BUILDERS, INC.

Principal Place of Business	Mailing Address
4960 NW 165TH STREET UNIT B-1 MIAMI, FL 33014	4960 NW 165TH STREET UNIT B-1 MIAMI, FL 33014

DO NOT WRITE IN THIS SPACE

08062007   No Chg-P   CR2E034 (11/05)

4. FEI Number 05-0523171	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

AGOSTINHO, ADELINO SILVA
14399 SW 47 STREET
MIRAMAR, FL

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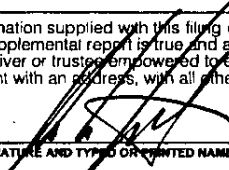**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U00000772077
03/14/07-80003-017 150.00
DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:_____   8/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #