
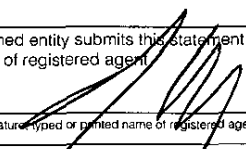
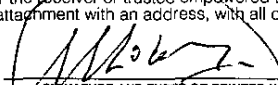


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90018 025 ***150.00

DOCUMENT # P02000009750 1. Entity Name SILVER PLATE CORPORATION					
Principal Place of Business 11891 ROYAL PALM BLVD 203 CORAL SPRINGS, FL 33065			Mailing Address 11891 ROYAL PALM BLVD 203 CORAL SPRINGS, FL 33065		
2. Principal Place of Business 2742 Biscayne Blvd Suite, Apt. #, etc.		3. Mailing Address 2742 Biscayne Blvd Suite, Apt. #, etc.			
City & State Miami, FL Zip 33137		City & State Miami, FL Zip 33137		4. FEI Number 01-0589268	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILBERMAN, JORGE 11891 ROYAL PALM BLVD 203 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Jay L. Borsky Street Address (P.O. Box Number is Not Acceptable) 2742 Biscayne Blvd City Miami FL Zip Code 33137	
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:  Jay L. Borsky 3-22-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SILBERMAN, FERNANDO MIGUELETES 1130, PISO 26 BS.AS. (1426), ARGENTINA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWISZCZ, LAURA MIGUELETES 1130, PISO 26 BS.AS. (1426), ARGENTINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILBERMAN, ESTHER B MIGUELETES 1130, PISO 26 BS.AS. (1426), ARGENTINA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILBERMAN, ANDRES MIGUELETES 1130, PISO 26 BS.AS. (1426), ARGENTINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERMAN, MARCOS MIGUELETES 1130, PISO 26 BS.AS. (1426), ARGENTINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.					
SIGNATURE: 		Fernando Silberman, President		3-22-04	305-573-6640
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	