
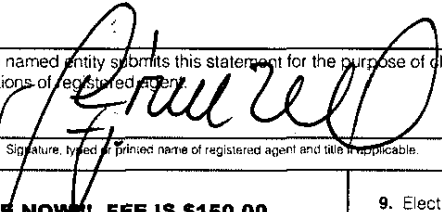
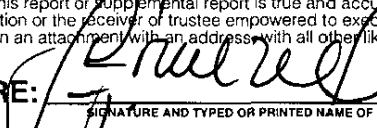


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90254 002 ***150.00

DOCUMENT # P02000023927					
1. Entity Name SILVERADO ENGINEERING CONSULTING, INC.					
Principal Place of Business 12277 S.W. 55TH STREET, SUITE 903 COOPER CITY, FL 33330			Mailing Address 12277 S.W. 55TH STREET, SUITE 903 COOPER CITY, FL 33330		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062004 Chg-P CR2E034 (10/03)	
4. FEI Number 02-0560725				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHROEDER, BLANCA DORA 14269 NW 19TH STREET PEMBROKE PINES, FL 33028			Name LUIS ANGEL GOMEZ Street Address (P.O. Box Number is Not Acceptable) 41 MATADOR LANE City DAVIE FL Zip Code 33324		
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 		LUIS ANGEL GOMEZ		4-1-2004	
<small>Signature, typed or printed name of registered agent and title (if applicable).</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	PSTD SCHROEDER, BLANCA DORA <input type="checkbox"/> Delete 14269 NW 19TH STREET PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUIS ANGEL GOMEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 MATADOR LANE DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.					
SIGNATURE: 		LUIS ANGEL GOMEZ		4-1-2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		954-434-0465 <small>Daytime Phone #</small>	