

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90085 028 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number  
02-0560725

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, LUIS ANGEL  
6330 FARRAGUT ST  
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name  
**SCHROEDER, BLANCA DORA**  
Street Address (P.O. Box Number is Not Acceptable)  
**14269 NW 19TH STREET**

City  
**PEMBROKE PINES** **FL** Zip Code  
**33028**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSTD  
GOMEZ, LUIS ANGEL  
6330 FARRAGUT ST  
HOLLYWOOD, FL 33024

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSTD  
SCHROEDER, BLANCA DORA  
14269 NW 19TH STREET  
PEMBROKE PINES, FL 33028

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

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: *Blanca Dora Schroeder* **BLANCA DORA SCHROEDER** 03-13-07, 954 434 0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #