

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90068 035 ***150.00

DOCUMENT # P02000033137

1. Entity Name
 SILVIA SERVICE INC.



Principal Place of Business
 855 N.W. 44TH AVENUE APT. 12 A
 MIAMI, FL 33126

Mailing Address
 855 N.W. 44TH AVENUE APT. 12 A
 MIAMI, FL 33126

2. Principal Place of Business
 8920 NW 8 Street

3. Mailing Address
 8920 NW 8 Street

Suite, Apt. #, etc.
 Apt 105

Suite, Apt. #, etc.
 Apt 105

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33122

Country
 USA

Zip
 33122

Country
 USA



01262005 Chg-P CR2E034 (10/03)

4. FEI Number
 73-1641113

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

LEITES, DACIO
 855 N.W. 44TH AVENUE APT. 12 A
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
 Leites, Dacio

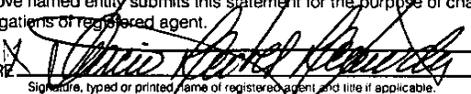
Street Address (P.O. Box Number is Not Acceptable)
 8920 NW 8 Street

Apt 105

City
 Miami FL

Zip Code
 33122

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  DATE 01/26/05

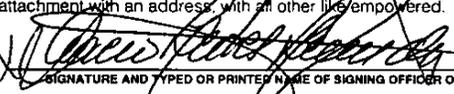
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PD	LEITES, DACIO <input type="checkbox"/> Delete	TITLE PD	Leites, Dacio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITES, DACIO	NAME	Leites, Dacio
STREET ADDRESS	855 N.W. 44TH AVENUE APT. 12 A	STREET ADDRESS	8920 NW 8 Street Apt. 105
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami FL 33122
TITLE VD	BERTALMIO, SILVIA <input type="checkbox"/> Delete	TITLE VD	Bertalmio, Silvia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTALMIO, SILVIA	NAME	Bertalmio, Silvia
STREET ADDRESS	855 N.W. 44TH AVENUE APT. 12 A	STREET ADDRESS	8920 NW 8 Street Apt 105
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Miami FL 33122
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE 01/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #