

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 Suite, Apt. #, etc. Apt 105 City & State Miami, FL Zip 33122		3. Mailing Address 8920 NW 8 Street Suite, Apt. #, etc. Apt 105 City & State Miami, FL Zip 33122	
Country USA		Country USA	
4. FEI Number 73-1641113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 01/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD NAME LEITES, DACIO <input type="checkbox"/> Delete STREET ADDRESS 855 N.W. 44TH AVENUE APT. 12 A CITY-ST-ZIP MIAMI, FL 33126	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Leites, Dacio STREET ADDRESS 8920 NW 8 Street Apt. 105 CITY-ST-ZIP Miami FL 33122	TITLE VD <input type="checkbox"/> Delete NAME BERTALMIO, SILVIA STREET ADDRESS 855 N.W. 44TH AVENUE APT. 12 A CITY-ST-ZIP MIAMI, FL 33126	TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Bertalmio, Silvia STREET ADDRESS 8920 NW 8 Street Apt 105 CITY-ST-ZIP Miami FL 33122
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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 an other like empowered.			
SIGNATURE: 01/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 01/26/05 Daytime Phone #	