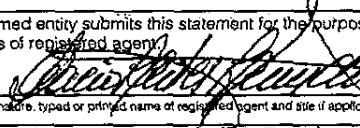
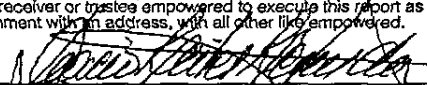


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000033137						
1. Entity Name SILVIA SERVICE INC.						
Principal Place of Business 8920 NORTHWEST 8 STREET APT 105 MIAMI, FL 33122	Mailing Address 8920 NORTHWEST 8 STREET APT 105 MIAMI, FL 33122	 01112006 No Chg-P CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number 73-1641113</td><td>Applied For ☐ Not Applicable</td></tr><tr><td>5. Certificate of Status Desired ☐</td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 73-1641113	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent LEITES, DACIO 8920 NORTHWEST 8 STREET APT 105 MIAMI, FL 33122		DO NOT WRITE IN THIS SPACE				
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, 2006 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	PD LEITES, DACIO 8920 NORTHWEST 8 STREET #105 MIAMI, FL 33122					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTALMIO, SILVIA 8920 NORTHWEST 8 STREET #105 MIAMI, FL 33122					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
		1100000390696 01/24/06-80008-024 150.00 DO NOT WRITE IN THIS SPACE				