2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2005 8:00 am Secretary of State

DOCUMENT # P02000041137 1. Enlity Name SILVER FUNDING, CORP.						06-01-2005 9	0017 038 ***150.0	00
Principal Place	e of Business	Maiting Address				, .		
5510 S.W. 147 COURT MIAMI, FL 33185		5510 S.W. 147 COURT MIAMI, FL 33185						
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2. Principal Place of Business		3. Mailing Address			86 113 11311 82111 88111 881			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05272005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numbi 03-042		<u> </u>	pplied For n Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	S8.75 Add	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New R	legistered Agent	
NUNEZ, V								
5510 S.W. 147 COURT MIAMI, FL 33185			Street Address (P.O. Box Numbi	er is Not Acceptable	e) 		
				City			FL Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registere	ed office or register	red agent, or bo	th, in the State of Fk		and accept
SIGNATURE.								
}	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	d Agent signature required	t when reinstating)		DATE	
		<u> </u>						
	LE NOW!!! FEE IS \$150.00 ue by Søptember 7, 2005	9. Election Camp. Trust Fund Cor			.00 May Be led to Fees		with s. 607.193(2)(b), not receive the prior	
10.	ue by September 7, 2005 OFFICERS AN	Trust Fund Cor	tribution.	Add	led to Fees	corporation did	not receive the prior of the pr	notice. S IN 11
D	OFFICERS AN	Trust Fund Cor	tribution.	Add	led to Fees	corporation did	not receive the prior	notice.
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12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 it made under oath; that I am an officer or director of the comoration 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 OF PRINTED NAME OF SIGNING OFFICER OD GIRECT

130/00 Date

Daytime Phone #