


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90120 015 \*\*\*150.00

<b>DOCUMENT # P02000089377</b>	
1. Entity Name <b>SIL AMERICA, CORPORATION</b>	

Principal Place of Business <b>407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b>	Mailing Address <b>407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b>
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44052437

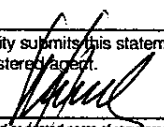
2. Principal Place of Business <b>7601 E TREASURE ISLAND DR</b>	3. Mailing Address <b>7601 E TREASURE ISLAND DR</b>
Suite, Apt. #, etc. <b>509</b>	Suite, Apt. #, etc. <b>509</b>
City & State <b>MIAMI</b>	City & State <b>MIAMI</b>
Zip <b>FL 33141</b>	Country <b>33141</b>



08122004 Chg-P CR2E034 (10/03)

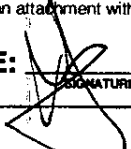
8. Name and Address of Current Registered Agent <b>ODELLA, NELSON 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b>	
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7. Name and Address of New Registered Agent Name <b>MIGUEL A. MATO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7601 E TREASURE ISLAND DR #509</b> City <b>MIAMI</b> FL Zip Code <b>33141</b>	
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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.	DATE <b>8-12-04</b> (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SEGUEZZA, NELSON DARIO 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD CAIRO, LILIAN 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MATO, MIGUEL ANGEL 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SEGUEZZA, ERICK 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SEGUEZZA, LETICIA 407 LINCOLN RD STE 11-L MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>8-12-04</b> Date Daytime Phone #