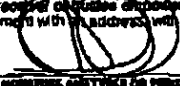


FILED
Jun 13, 2003 8:00 am
Secretary of State

05-07-2003 90137 032 ***150.00

5/7/201

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000093278			
1. Entity Name SILSAL ONE INVESTMENTS CORP.			
Principal Place of Business 2526 HUNTERS RUNWAY WESTON, FL 33327		Mailing Address 2526 HUNTERS RUNWAY WESTON, FL 33327	
2. Principal Place of Business 1820 N. Corporate Lakes Blvd Suite, Apt. 8, etc. # 108		3. Mailing Address 1820 N. Corporate Lakes Blvd Suite, Apt. 8, etc. # 108	
City & State Weston - FL		City & State Weston - FL	
Zip 33326		Country U.S.A.	
4. FEI Number 83-0361102		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, ANDRES 2526 HUNTERS RUNWAY WESTON, FL 33327			
7. Name and Address of New Registered Agent Name GARCIA, ANDRES Street Address (P.O. Box Number is Not Acceptable) 1820 N. Corporate Lakes Blvd # 108 City Weston FL Zip Code 33326			
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, the stated agent.			
SIGNATURE 		DATE 4/30/03	
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 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ANDRES 2526 HUNTERS RUNWAY WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ANDRES 1820 N. Corporate Lakes Blvd # 108 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAZAR, JOHN 11304 NW 51ST TERR MIAMI, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Salazar, John 1003 Sunset Blvd 22 Sunrise FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 registered agent; 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 4/30/03 (954) 394 1956	

55048061

☐ CHECK HERE IF MAKING CHANGES

CRS/CSA (10/02)