

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90417 021 ***158.75

DOCUMENT # P02000110000	
1. Entity Name SILVIO DOCK RAMP, INC.	

Principal Place of Business 3660 SW 14ST MIAMI, FL 33145	Mailing Address 3660 SW 14ST MIAMI, FL 33145
--	--

2. Principal Place of Business 6820 SW 21ST STREET	3. Mailing Address 6820 SW 21ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Country U.S.A.
Zip 33155	Country U.S.A.

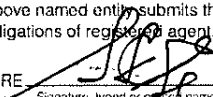


04222004 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 13-4227080	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75	Additional Fee Required

6. Name and Address of Current Registered Agent IVENTES, SILVIO 3660 SW 14ST MIAMI, FL 33145	7. Name and Address of New Registered Agent Name SILVIO FUENTES Street Address (P.O. Box Number is Not Acceptable) 6820 SW 21ST STREET City MIAMI FL Zip Code 33155
--	---

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.

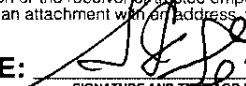
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVENTES, SILVIO 6820 S.W. 21ST STREET MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FUENTES, SILVIO 6820 SW 21ST STREET MIAMI, FL 33155 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  - **PRESIDENT** 04/22/04 305/775-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #