

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

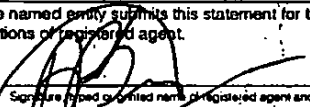
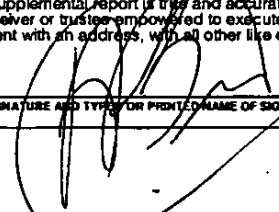
FILED
Mar 10, 2005 8:00 am
Secretary of State

02-07-2005 90064 015 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P02000124949					
1. Entity Name SILVA'S GENERAL SERVICES, CORP.					
Principal Place of Business 6855 NW JORGENSEN PORT SAINT LUCIE FL 34983			Mailing Address 6855 NW JORGENSEN PORT SAINT LUCIE FL 34983		
2. Principal Place of Business SAME			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4222229	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVA, ANTONIO P 6855 NW JORGENSEN RD PORT SAINT LUCIE FL 34983			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 01/29/05					
NOTE: Registered Agent signature required when re-registering					
FILE NOW!!! FEE IS \$150.00 After May 17, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P.D	☒ Delete	TITLE	6855 N.W JORGENSEN RD	☐ Change ☒ Addition
NAME	DA SILVA, ANTONIO P		NAME	PORT ST LUCIE FL	
STREET ADDRESS	7373 VISCAYA CIRCLE		STREET ADDRESS	34983	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	VP.D	☒ Delete	TITLE	6855 N.W JORGENSEN RD	☐ Change ☒ Addition
NAME	DA SILVA, ELAINE C		NAME	PORT ST LUCIE FL	
STREET ADDRESS	7373 VISCAYA CIRCLE		STREET ADDRESS	34983	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 03-03-05 (954) 6501151		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		