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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1. Entity Name
SILVA'S GENERAL SERVICES, CORP.

Principal Place of Business	Mailing Address
6855 NW JORGENSEN PORT SAINT LUCIE FL 34983	6855 NW JORGENSEN PORT SAINT LUCIE FL 34983

66003978

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
SAME	
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 JORGENSON RD
PORT SAINT LUCIE FL 34988

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 [signature] 01/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 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

TITLE	P,D	☒ Delete
NAME	DA SILVA, ANTONIO P	
STREET ADDRESS	7373 VISCAYA CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP,D	☒ Delete
NAME	DA SILVA, ELAINE C	
STREET ADDRESS	7373 VISCAYA CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☒ Addition
NAME	6855 N.W JORGENSEN RD	
STREET ADDRESS	PORT ST LUCIE FL	
CITY-ST-ZIP	34983	
TITLE		☐ Change ☒ Addition
NAME	6855 N.W JORGENSEN RD.	
STREET ADDRESS	PORT ST LUCIE FL	
CITY-ST-ZIP	34983	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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] 03-03-05 (954) 6501151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #