


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000028637 1. Entity Name FEROCA SILVER & GOLDSMITH, INC.	
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Principal Place of Business 12230 SW 20 TERR #11 MIAMI, FL 33175	Mailing Address 12230 SW 20 TERR #11 MIAMI, FL 33175
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03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1179643	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUJAN, AMADA
12230 SW 20 TERR #11
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, ARTURO 12230 SW 20 TERR #11 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERREIRA, JULIA 12230 SW 20 TERR #11 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/05-80040-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3/25/05
Date

Daytime Phone #