2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028637

1. Entity Name
FEROCA SILVER & GOLDSMITH, INC.

Principal Place of Business	Mailing Address
12230 SW 20 TERR #11 MIAMI, FL 33175	12230 SW 20 TERR #11 MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1179643
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature required of registered agent and title if applicable. (NOTE: Required Agent signature required when reinstated)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

000000528514
05/05/06-80041-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 (X) Arturo M. Castillo 04/20/06 (X) 7862109156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #