

**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.	
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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**

04182006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-1179643 Applied For
Not Applicable5. 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 _____

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when filing this report

DATE _____

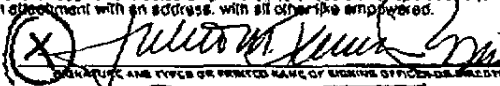
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

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	O
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
05/05/06-00041-011 150.00**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 207, 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 employees.

SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIALS REQUIRED

② 04/20/06

② 7862109156

Daytime Phone #