
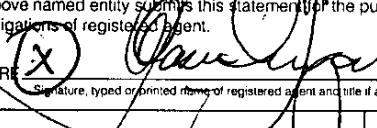
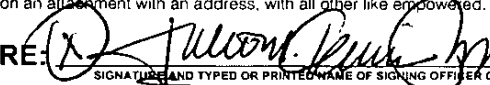


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90829 043 \*\*\*150.00

<b>DOCUMENT # P03000028637</b> 1. Entity Name <b>FEROCA SILVER &amp; GOLDSMITH, INC.</b>					
Principal Place of Business <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>			Mailing Address <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>		
2. Principal Place of Business - No P.O. Box # <b>240 85th ST</b>		3. Mailing Address <b>240 85th ST</b>			
Suite, Apt. #, etc. <b>#12</b>		Suite, Apt. #, etc. <b>#12</b>			
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>		4. FEI Number <b>65-1179643</b>	
Zip <b>33141</b>		Country <b>MIAMI-DADE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LUJAN, AMADA 12230 SW 20 TERR #11 MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>240 85th ST</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33141</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTILLO, ARTURO <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>240 85th ST #12 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FERREIRA, JULIA <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>240 85th ST #12 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUJAN, AMADA <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>240 85th ST #12 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUJAN, AMADA <b>12230 SW 20 TERR #11 MIAMI, FL 33175</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>240 85th ST #12 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____
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: 			Date <b>4/24/07</b> Daytime Phone # _____		