2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 20, 2005 8:00 am Secretary of State **DOCUMENT # P03000054829** 1. Entity Name 04-22-2005 90260 025 ***150.00 SILOR, CORP. Principal Place of Business Mailing Address 12025 SW 18 ST. 12025 SW 18 ST. 66018087 MIAMI, FL 33175 MIAML FL 33175 2. Principal Place of Business 3. Mailing Address 139 Court 1621 SW 139 COURT 16215W Suite, Apt. #, etc. Suite, Apt. #, etc. 05162005 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For Miame 22-3897486 Not Applicable 119 71 Country \$8.75 Additional 5. Certificate of Status Desired Ú5A 3.3/75 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Romero OROZCO, SILVIA J Street Address (P.O. Box Number is Not Acceptable) 5751 E. 2ND AVE. HIALEAH, FL 33013 139 COUR Miami 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 PD AIVIA OMERO SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 \Box Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PANIA Change 74 Addition TITLE Delete TITI F DANIA ROMERO 1621 SW 139 COURT OROZCO, SILVIA J NAME NAME STREET ADDRESS 12025 SW 18 ST., #9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MIAMI, FL 33175 Vice President ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Delete TITLE ПΠЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Defete ☐ Change TEST F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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:

FILED