

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096410

FILED
Apr 30, 2005
Secretary of State

Entity Name: SILVERSING INVESTMENT CORP.

Current Principal Place of Business:

1837 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

New Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD.
SUITE 105
WESTON, FL 33326 US

Current Mailing Address:

1837 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

New Mailing Address:

1697 PASSION VINE CIRCLE
WESTON, FL 33326 US

FEI Number: 76-0739946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSERNY, CESAR
1837 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

INSERNY, CESAR
1697 PASSION VINE CIRCLE
WESTON, FL 33326 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: INSERNY, CESAR
Address: 1837 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: T () Delete
Name: INSERNY, MICHELE
Address: 1837 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: INSERNY, CESAR
Address: 1697 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: T (X) Change () Addition
Name: INSERNY, MICHELE
Address: 1697 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR INSERNY

PS

04/30/2005

Electronic Signature of Signing Officer or Director

Date