

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90004 023 ***150.00

DOCUMENT # P03000128575

1. Entity Name
G & J SILVA SERVICES, INC.



Principal Place of Business
**4102 NW 39 AVE
LAUDERDALE LAKES, FL 33309**

Mailing Address
**4102 NW 39 AVE
LAUDERDALE LAKES, FL 33309**

94045578



2. Principal Place of Business
3250 NW 85th Ave

3. Mailing Address
3250 NW 85th Ave

Suite, Apt. #, etc.
Suite #15

Suite, Apt. #, etc.
Suite #15

04012004 Chg-P CR2E034 (10/03)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
20-0551623

Applied For
Not Applicable

Zip Country
33065 US

Zip Country
33065 US

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

6. Name and Address of Current Registered Agent

**SILVA, GUILLERMO
4102 NW 39 AVE
LAUDERDALE LAKES, FL 33309**

7. Name and Address of New Registered Agent

Name **Joseph K. Nofel, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

3284 N. State Rd 7

City **Lauderdale Lakes FL** Zip Code **33309**

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 reinstating)

DATE

4-1-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☐ Delete
NAME **SILVA, GUILLERMO**
STREET ADDRESS **4102 NW 39 AVE**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Silva, Guillermo**
STREET ADDRESS **3250 NW 85th Ave #15**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **V-P** ☐ Change ☒ Addition
NAME **John Jairo Silva**
STREET ADDRESS **3250 NW 85th Ave #15**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2004 (95A)655-3495

Date

Daytime Phone #