## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # P04000024479  1. Entity Name SILUCA, INC.							03-28-2005 90059 033 ***150.00				
Principal Place of Business Maiting Address						<b>၂ Մ</b> Մ	0.5.2.				
8971 SW 6 CT						1 (104 (106) 14	 O GBITY DYBILL BEIN SETT BEI		TH ÖTÖT TETRIN IN	11 <b>18\$</b> ) (1 <b>12\$</b> (	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01282005	Chg-P	CR2E	34 (10/03)		
City & State			ty & State		4. FEI Numb	57 214	48	N	oplied For ot Applicable		
Zip	Country						of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							Address of New P	legistered /	Agent		
SILECCHIA, LINDA M 8971 SW 6 CT PLANTATION, FL 33324					Street Address	(P.O. Box Numb	er is Not Acceptable	 D)			
PLANTAIL	UN, FL 33324	[	-								
					City		<u></u>	FL	Zip Cod	9	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  Signature Signature Registered agent and sea is applicable (NOTE: Registered Agent signature required when remarking)  Output  Date											
FILE NOWIII FEE S \$150.00  6. Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution.											
10.	OFFICE	RS AND DIRECT	ORS	11.	<del></del>	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	\$ IN 11.	
TITLE	D		☐ Oelete	Im					Change	Addition	
KANE	SILECCHIA, LINDA M			NAM	E					1	
STREET ADDRESS CITY-ST-ZUP	8971 SW 6 CT   PLANTATION, FL   33324				ET ADORESS - ST- <i>di</i> P					Ì	
ITILE			☐ Delete	FITLE					Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP		· <del>-</del>	-	STRE	e et adoress -st-zip		-	•			
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STREET ADORESS					ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP	L				-S1-ZIP				<del>-</del>		
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fi). Florida Statutes. I further certify that the information indicated on this report or supplieremental 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 exprovement 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 addition, with all others we empowered.											
SIGNATURE: JUSON Stee LINDA M. SILECHIA 3/23/05 954/476-6856											