

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000141324

1. Entity Name
SILVER BULLET CONSTRUCTION, INC.



Principal Place of Business
3777 PROVIDENCE ROAD
BOYNTON BEACH, FL 33436

Mailing Address
3777 PROVIDENCE ROAD
BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1742895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZOCCHI, MASSIMO
3777 PROVIDENCE RD
BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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

Massimo Mazzocchi

MASSIMO MAZZOCCHI

5/6/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P D
RIVERA, JOSE
5350 SANDHURST CIR N
LAKE WORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MAZZOCCHI, MASSIMO
3777 PROVIDENCE RDQ
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MAZZOCCHI, GUISEPPE
125 BUTTONWOOD CIR
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000486899
04/13/06-80056-010 150.00

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IN THIS SPACE**

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:

Massimo Mazzocchi

MASSIMO MAZZOCCHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06

4326890

DATE

Daytime Phone #