


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 048 ***150.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| DOCUMENT # P05000057025 1. Entity Name SILVER MICROSHIELD INCORPORATED | |  | |
| Principal Place of Business PO BOX 357754 GAINESVILLE, FL 32635 | | Mailing Address PO BOX 357754 GAINESVILLE, FL 32635 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 1111 SW 16th AVENUE | | Suite, Apt. #, etc. | |
| City & State GAINESVILLE, FL | | City & State | |
| Zip 32601 | Country USA | Zip | Country |
| 4. FEI Number 25-1915976 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHAH, AMAR 2615 NW 21ST STREET GAINESVILLE, FL 32605 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PST | NAME SHAH, AMAR DR. | TITLE | NAME |
| STREET ADDRESS 2615 NW 21ST STREET | CITY - ST - ZIP GAINESVILLE, FL 32605 | STREET ADDRESS 1111 SW 16th AVENUE | CITY - ST - ZIP GAINESVILLE, FL 32601 |
| TITLE VP | NAME OH, SEONG-GEUN DR. | TITLE | NAME |
| STREET ADDRESS 5062 NW 44TH LANE, APT 105 | CITY - ST - ZIP GAINESVILLE, FL 32606 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
| 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: <u><i>Amar Shah</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4/29/08</u> <small>Date</small> | |