

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000057823

Entity Name: ALBERT M SILVA CPA, PA

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4710 N.W. 102ND AVE., #203-22  
DORAL, FL 33178

## **New Principal Place of Business:**

3785 NW 82 AVENUE  
206  
DORAL, FL 33166

## **Current Mailing Address:**

4710 N.W. 102ND AVE., #203-22  
DORAL, FL 33178

## **New Mailing Address:**

3785 NW 82 AVENUE  
206  
DORAL, FL 33166

FEI Number: 84-1676804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SILVA, ALBERT M  
6320 NW 114 AVENUE  
1203  
DORAL, FL 33178 US

## **Name and Address of New Registered Agent:**

SILVA, ALBERT M  
3785 NW 82 AVENUE  
206  
DORAL, FL 33166 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: ALBERT M SILVA

02/25/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA, ALBERT M  
Address: 4710 NW 102 AVENUE, #203  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: ALBERT M SILVA

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date