



FILED
Apr 16, 2008 8:00 am
Secretary of State



DOCUMENT # P05000060572 1. Entity Name SIMON SILVERTONES UNLIMITED INC.			Secretary of State 04-16-2008 90030 041 ***150.00	
Principal Place of Business 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308		Mailing Address 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # 175 W. CAMINO REAL BOCA RATON, FL 33432 USA		3. Mailing Address 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 USA		Barcode  03062008 Chg-P CR2E034 (12/06) 4. FEI Number 30-0315585 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 EAST COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent ALLEN H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 FL Zip Code		
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> DATE _____				
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 NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, ROBERT S 2700 S. OAKLAND FORREST DR. #501 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 it 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: Robert S. Simon Robert Simon 04/12/08 (954) 731-5333				