

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079661

Entity Name: SILVER 6107 WEST, INC

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

6107 NW 6 TH COURT
MIAMI, FL 33127

New Principal Place of Business:

6107 NW 6 TH COURT
MIAMI, FL 33127 US

Current Mailing Address:

6107 NW 6 TH COURT
MIAMI, FL 33127

New Mailing Address:

6107 NW 6 TH COURT
MIAMI, FL 33127 US

FEI Number: 20-2934752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, CLAUDE
Address: 2286 NE 215 TH STREET
City-St-Zip: MIAMI, FL 33180

Title: VP () Delete
Name: COHEN, SOSHANA
Address: 19195 MYSTIQUE POINTE
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: COHEN, NITZA
Address: 2286 NE 215 TH STREET
City-St-Zip: MIAMI, FL 33180

Title: T () Delete
Name: COHEN, AVI
Address: 19195 MYSTIQUE POINTE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COHEN CLAUDE

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date