

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079950

Entity Name: SILVER 865, INC

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

865 COLLINS AVENUE  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

6107 NW 6 TH COURT  
MIAMI, FL 33127 US

## New Mailing Address:

FEI Number: 20-2934698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE # 204  
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, AVI  
Address: 19195 MYSTIQUE POINTE  
City-St-Zip: AVENTURA, FL 33180

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NITZA COHEN

MG

03/24/2009

Electronic Signature of Signing Officer or Director

Date