

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103120

Entity Name: AL SILVA CORPORATION

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

2549 SENNETT DR APT 203  
LEESBURG, FL 34748 US

## New Principal Place of Business:

24309 AMBERLEAF CT  
LEESBURG, FL 34748 US

## Current Mailing Address:

2549 SENNETT DR APT 203  
LEESBURG, FL 34748 US

## New Mailing Address:

24309 AMBERLEAF CT  
LEESBURG, FL 34748 US

FEI Number: 20-3221357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON, CAROLINE  
8818 COMMODITY CIR  
40  
ORLANDO, FL 32819 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: SILVA, AL  
Address: 2549 SENNETT DR APT 203  
City-St-Zip: LEESBURG, FL 34748 US

Title: V ( ) Delete  
Name: SILVA, CIRLEI  
Address: 2549 SENNETT DR APT 203  
City-St-Zip: LEESBURG, FL 34748 US

Title: T ( ) Delete  
Name: MORAES, IRINEU R JR.  
Address: 2549 SENNETT DR APT 203  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: NUNES, HAROLDO  
Address: 4277 PINE DACK  
City-St-Zip: ORLANDO, FL 32811 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA, AL  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

Title: V (X) Change ( ) Addition  
Name: SILVA, CIRLEI  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

Title: T (X) Change ( ) Addition  
Name: LIMA, FABIO  
Address: 24309 AMBERLEAF CT  
City-St-Zip: LEESBURG, FL 34748 US

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: AL SILVA

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date