


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 050 ***150.00

DOCUMENT # P05000104508 1. Entity Name SILVIA'S PROFESSIONAL HEALTH CARE INC.					
Principal Place of Business 17911 SW 143RD CT. MIAMI, FL 33177			Mailing Address 17911 SW 143RD CT. MIAMI, FL 33177		
2. Principal Place of Business 22752 SW 103 CT Suite, Apt. #, etc.		3. Mailing Address 22752 SW 103 CT Suite, Apt. #, etc.			
City & State Miami Florida		City & State Miami Florida		4. FEI Number 20-3221603	
Zip 33190		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, SILVIA 47911 SW 143RD CT. MIAMI, FL 33177 22752 SW 103 CT MIAMI FL 33190			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, SILVIA 17911 SW 143RD CT. MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, SILVIA 22752 SW 103 CT. MIAMI FL 33190	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, JOSE H 17911 SW 143RD CT. MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, JOSE H 22752 SW 103 CT MIAMI FL 33190	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: *JOSE H. ALVAREZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/24/06 305 310 7330 <small>Daytime Phone #</small>		

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