

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P05000126523

1. Entity Name
SILENT IMPRESSIONS INC.



Principal Place of Business
**3049 NW 26 STREET
BOCA RATON, FL 33434**

Mailing Address
**3049 NW 26 AVENUE
BOCA RATON, FL 33434**



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3538201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUPPERT-SCHULZ, ULRIKE
3049 NW 26 AVENUE
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

U. Ruppert-Schulz

04-04-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000887443
04/21/08-80020-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P, S
NAME	RUPPERT-SCHULZ, ULRIKE
STREET ADDRESS	3049 NW 26 AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	T
NAME	SCHULZ, NORBERT
STREET ADDRESS	3049 NW 26 AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ulrike Ruppert-Schulz *Ulrike Ruppert-Schulz* *04-04-08* *561 4870732*