

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90032 017 \*\*\*150.00

DOCUMENT # P05000131751



1. Entity Name  
 MARIA V SILVEIRA PA

Principal Place of Business Mailing Address  
 8771 SW 72 STREET 8771 SW 72 STREET  
 A26 A26  
 MIAMI, FL 33173 US MIAMI, FL 33173 US

66003484



2. Principal Place of Business		3. Mailing Address		01162006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For
City & State		City & State		20-3513866		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SILVEIRA, MARIA V 8771 SW 72 STREET - APT A26 MIAMI, FL 33173				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: *M. Silveira* DATE: 01/16/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVEIRA, MARIA V			NAME			
STREET ADDRESS	8771 SW 72 STREET - SUITE A26			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *M. Silveira* DATE: 01/16/06 DAYTIME PHONE #: 305-595-4313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR