


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

03-13-2008 90028 038 ***150.00
09-10-2008 90004 001 ***150.00
09-10-2008 90004 002 *****8.75

DOCUMENT # P05000131751 1. Entity Name MARIA V SILVEIRA PA																													
Principal Place of Business 8899 SW 133 CT UNIT E MIAMI, FL 33186 US			Mailing Address 8899 SW 133 CT UNIT E MIAMI, FL 33186 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3513866 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09032008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent SILVEIRA, MARIA V 8771 SW 72 STREET - APT A26 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name MARIA V. SILVEIRA Street Address (P.O. Box Number is Not Acceptable) 8899 SW 133 CT Unit E City MIAMI FL Zip Code 33186																										
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 <u><i>M. Silveira</i></u> 9/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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.																									
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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: <u><i>M. Silveira</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/6/08 305-305-0752 <small>Date Daytime Phone #</small>																										