## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000144065

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33415

ALBA, ARMANDO

3821 BEVERLY DR.

LAKE WORTH, FL 33461

(X) Delete

FILED Apr 25, 2006 Secretary of State

Entity Na	me: NORWIN	IG SILVA CORPORAT	ION				_	
Current Principal Place of Business:				New Principal Place of Business:				
3821 BEVERLY DRIVE LAKE WORTH, FL 33461				4455 IXORA CIRCLE LAKE WORTH, FL 33461				
Current N	lailing Addres	New Mailing Address:						
3821 BEVERLY DRIVE LAKE WORTH, FL 33461				4455 IXORA CIRCLE LAKE WORTH, FL 33461				
FEI Number	: 22-3917235	FEI Number Applied F	or ( ) FEI Nui	mber Not Appl	icable ( )	Certificat	e of Status Desired ( )	ı
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1840 SW 2 4TH FLOO MIAMI, FL The above	)R 33145 US	A. submits this statement	for the purpose o	of changing i	ts registere	d office or re	egistered agent, or b	oth,
SIGNATUI	RE:							
	Electron	nic Signature of Regist	ered Agent			[	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution	ı ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DPST ( SILVA, NORWI 3821 BEVERL' LAKE WORTH,	Y DRIVE		Title: Name: Address: City-St-Zip:	DPST SILVA, NOR 4455 IXORA LAKE WOR		) Addition	
Title: Name: Address: City-St-Zip:	V ( ALBA, ARMANI 3821 BEVERLY LAKE WORTH,	Y DRIVE		Title: Name: Address: City-St-Zip:	V ORTIZ, ROE 4455 IXORA LAKE WOR		) Addition	
Title: Name: Address:	V ( VILAU, ROBER 4733 GARDEN			Title: Name: Address:	TRE VILAU, ROE 4733 GARD	(X) Change( BERTO BENETTE ST.	) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33415

() Change () Addition

SIGNATURE: NORWING SILVA P 04/25/2006