

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161486

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SILVA BROTHERS SERVICES, INC.

## Current Principal Place of Business:

223 SW 18TH AVE  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

8260 S CORAL CIRCLE  
NORTH LAUDERDALE, FL 33068 US

## Current Mailing Address:

223 SW 18TH AVE  
FT LAUDERDALE, FL 33312

## New Mailing Address:

8260 S CORAL CIRCLE  
NORTH LAUDERDALE, FL 33068 US

FEI Number: 20-3917011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DA SILVA, HAROLDO S  
Address: 223 SW 18TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: DA SILVA, ARNOLD S  
Address: 223 SW 18TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: DA SILVA, PAULO LINCOLN  
Address: 223 SW 18TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DA SILVA, HAROLDO S  
Address: 8260 S CORAL CIRCLE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: D (X) Change ( ) Addition  
Name: DA SILVA, ARNOLD S  
Address: 8260 S CORAL CIRCLE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: D (X) Change ( ) Addition  
Name: DA SILVA, PAULO LINCOLN  
Address: 8260 S CORAL CIRCLE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

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.

SIGNATURE: HAROLDO S DA SILVA

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date