FILED
Aug 30, 2007 8:00 am
Secretary of State
07-27-2007 90006 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000013488

1. Entity Name
SILVERIO CORPORATION

Principal Place of Business	Mailing Address
14838 SW 175TH STREET MIAMI FL 33187	14838 SW 175TH STREET MIAMI FL 33187

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4221219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERIO, JOSE A
14838 SW 175TH STREET
MIAMI FL 33187

7. Name and Address of New Registered Agent

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 ______ 8/15/07
Signature, typed or printed name of registered agent and title if applicable DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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,S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SILVERIO, JOSE A		NAME		
STREET ADDRESS	14838 SW 175TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SILVERIO, WANDA E		NAME		
STREET ADDRESS	14838 SW 175TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: ______ 8/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

- ATTACHMENT

66021620

P06000013488

To Whom It may concern:

This letter is to verify that I never received a notice stating that I had to pay before May 1, 2007. I wasn't ever aware that I had to pay for profit corporation annual Report. I have enclosed a check for $150.00

Thank you;