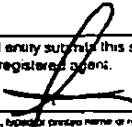
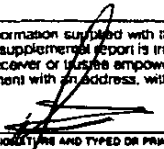


FILED
Aug 30, 2007 8:00 am
Secretary of State

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 14838 SW 175TH STREET MIAMI FL 33187		Mailing Address 14838 SW 175TH STREET MIAMI FL 33187	
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  DATE 8/15/07			
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			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY- ST- ZIP			
12. I hereby certify that the information submitted 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: 		DATE: 8/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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 even aware that I had to
pay for profit corporation annual report.
I have enclosed a check for \$15000

Thank you;