


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-24-2007 90017 010 ***150.00

DOCUMENT # P06000088992
 1. Entity Name
MARCIA J. SILVERS P.A.



6600200J

Principal Place of Business
 2601 SOUTH BAYSHORE DRIVE
 SUITE 601
 MIAMI, FL 33133

Mailing Address
 2601 SOUTH BAYSHORE DRIVE
 SUITE 601
 MIAMI, FL 33133



2. Principal Place of Business - No P.O. Box #
 Suite, Apt., #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
20-5148003

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name **Marcia J. Silvers**
 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Dr. Ste. 601
 City **Miami** FL Zip Code **33133**

8. The above named entry 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: Marcia J. Silvers, Marcia J. Silvers, President 1-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SILVERS, MARCIA J 2601 SOUTH BAYSHORE DRIVE, SUITE 601 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marcia J. Silvers, Marcia J. Silvers 1-11-07 305-854-9666
Signature and typed or printed name of signing officer or director Date Daytime Phone #