

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000118171**

1. Entity Name  
**S SILVIA CONSULTING INC**



Principal Place of Business  
**4055 NW 7TH COURT  
DELRAY BEACH, FL 33445**

Mailing Address  
**4055 NW 7TH COURT  
DELRAY BEACH, FL 33445**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5556174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SILVIA, SHERIAN  
4055 NW 7TH COURT  
DELRAY BEACH, FL 33445**

**DO NOT WRITE  
IN THIS SPACE**

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 *Sherian Silvia*  
Signature, typed or printed name of registered agent and title if applicable.

2-22-08  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SILVIA, SHERIAN
STREET ADDRESS	4055 NW 7TH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	SILVIA, DONALD
STREET ADDRESS	4055 NW 7TH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	TRE
NAME	PISCITELLI, LISA
STREET ADDRESS	4055 NW 7TH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000839324  
03/06/08-80028-011-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Sherian Silvia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08 (561) 499-7504  
Date Daytime Phone #