


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 045 ***150.00

DOCUMENT # P06000138235		
1. Entity Name SMART & SILENCE SOLUTION, CORP.		

Principal Place of Business 15495 MIAMI LAKES WAY NORTH MIAMI LAKES, FL 33014	Mailing Address 15495 MIAMI LAKES WAY NORTH MIAMI LAKES, FL 33014
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60045256



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

07172008 Chg-P CR2E034 (12/06)

4. FEI Number 76-0841089		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, REYNALDO 7430 TWIN SABAL DR. MIAMI LAKES, FL 33014		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 _____
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, REYNALDO		NAME		
STREET ADDRESS	15495 MIAMI LAKE WAY NORTH #104		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, REYNALDO		NAME	GARCIA REYNALDO	
STREET ADDRESS	7430 TWIN SABAL DR.		STREET ADDRESS	15495 MIAMI LAKE WAY NORTH #104	
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	AVP	<input type="checkbox"/> Delete	TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FRANCISCO		NAME	GARCIA FRANCISCO	
STREET ADDRESS	7430 TWIN SABAL DR.		STREET ADDRESS	15495 MIAMI LAKES WAY NORTH #104	
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Reynaldo Garcia* **7/17/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #