

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069715

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: SILVESTER INSURANCE ADVISORS, INC.

## Current Principal Place of Business:

5070 OGA BLVD, STE 200  
PALM BEACH GARDENS, FL 33418

## New Principal Place of Business:

5070 PGA BLVD, STE 200  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

5070 OGA BLVD, STE 200  
PALM BEACH GARDENS, FL 33418

## New Mailing Address:

5070 PGA BLVD, STE 200  
PALM BEACH GARDENS, FL 33418

FEI Number: 26-0357930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVESTER, MICHELLE  
2420 PROSPERITY BAY COURT  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

SILVESTER, MICHELLE  
5070 PGA BLVD, STE 200  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVESTER, MICHELLE  
Address: 2420 PROSPERITY BAY COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: SILVESTER, MICHAEL  
Address: 928 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVESTER, MICHELLE  
Address: 5070 PGA BLVD, STE 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition  
Name: SILVESTER, MICHAEL  
Address: 5070 PGA BLVD, STE 200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE SILVESTER

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date