2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069715

5070 PGA BLVD, STE 200

PALM BEACH GARDENS, FL 33418

Address:

City-St-Zip:

Entity Name: SILVESTER INSURANCE ADVISORS, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. BLVD, STE 2 ACH GARDEN				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	. BLVD, STE 2 ACH GARDEN				
FEI Number	: 26-0357930	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
5070 PGA	ER, MICHELLE BLVD, STE 2 ACH GARDEN	00			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SILVESTER, M 5070 PGA BLV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title: Name	() Change () Addition	

Address:

City-St-Zip:

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 02/17/2009