

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000031730

Entity Name: SILVA'S TRUCKS SERVICE, INC

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11280 NW SOUTH RIVER DR BAY #B-6  
MEDLEY, FL 33178

**New Principal Place of Business:**

11260 NW SOUTH RIVER DR  
MEDLEY, FL 33178

**Current Mailing Address:**

11280 NW SOUTH RIVER DR BAY #B-6  
MEDLEY, FL 33178

**New Mailing Address:**

11260 NW SOUTH RIVER DR  
MEDLEY, FL 33178

FEI Number: 26-4643877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, GILBERTO A  
42 E 11 STREET  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SILVA, GILBERTO A  
Address: 42 E 11 STREET  
City-St-Zip: HIALEAH, FL 33010

Title: VPD  
Name: BLANCO SILVA, MAGDA M  
Address: 42 E 11 STREET  
City-St-Zip: HIALEAH, FL 33010

I hereby 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 all other like empowered.

SIGNATURE: GILBERTO SILVA

PD

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date