## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000013774

Entity Name: PAUL SILVESTRI & ASSOCIATES, INC.

SILVESTRI, RICHARD P

WEST PALM BEACH, FL 33406

3813 VICTORIA DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3923 LAKE WORTH RD STE 104 LAKE WORTH, FL 33461 **New Mailing Address: Current Mailing Address:** 3923 LAKE WORTH RD **STE 104** LAKE WORTH, FL 33461 FEI Number: 65-0389920 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: SILVESTRI, JO ANN 18 EAST ARCH DRIVE LAKE WORTH, FL 33467 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: TRES ( ) Delete Title: () Change () Addition SILVESTRI, PAUL Name: Name: 18 E. ARCH DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: **PRES** Title: () Delete () Change () Addition Name: SILVESTRI, JO ANN Name: 18 E. ARCH DRIVE Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JO ANN SILVESTRI PRES 04/25/2008