

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013774

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PAUL SILVESTRI & ASSOCIATES, INC.

**Current Principal Place of Business:**

3923 LAKE WORTH RD  
STE 104  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3923 LAKE WORTH RD  
STE 104  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 65-0389920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SILVESTRI, JO ANN  
18 EAST ARCH DRIVE  
LAKE WORTH, FL 33467      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: TRES ( ) Delete  
Name: SILVESTRI, PAUL  
Address: 18 E. ARCH DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: PRES ( ) Delete  
Name: SILVESTRI, JO ANN  
Address: 18 E. ARCH DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: SILVESTRI, RICHARD P  
Address: 3813 VICTORIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: JO ANN SILVESTRI

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date