

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013774

FILED
Apr 24, 2009
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

04/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date