


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000057109 1. Entity Name SILVAL CORP.	
---	---

Principal Place of Business 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145	Mailing Address 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145
--	--

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0062194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVIO, HECTOR
2150 CORAL WAY
6TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

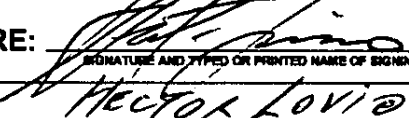
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000386485 01/18/06-80061-024 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE DP	LARTITEGUI, JAVIER
NAME	
STREET ADDRESS	2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE VS	LOVIO, HECTOR
NAME	
STREET ADDRESS	2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE D	LANARO, SILVIO
NAME	
STREET ADDRESS	2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/6/06 305-858-5620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #