



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90283 015 \*\*\*150.00

<b>DOCUMENT # P94000005298</b> 1. Entity Name <b>SILVI, INC.</b>					
Principal Place of Business <b>237 JOEL BLVD. LEHIGH ACRES, FL 33972 US</b>			Mailing Address <b>12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01112005    Chg-P    CR2E034 (10/03)	
City & State		City & State			
Zip                      Country		Zip                      Country			
4. FEI Number <b>65-0482446</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>FL</b> Zip Code	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROYSTON, ROBERT D JR. COSTELLO, SIMS &amp; ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS, FL 33907</b>					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SCHWARZMEIER, WILLIBALD</b> <b>237 JOEL BLVD</b> <b>LEHIGH ACRES, FL 33972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>AMBS, KLAUS</b> <b>237 JOEL BLVD</b> <b>LEHIGH ACRES, FL 33972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>SIGNATURE: <u>Willibald Schwarzmeier</u>    <u>WILLIBALD SCHWARZMEIER</u>    <u>3-28-05</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					