

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90142 008 ***150.00

DOCUMENT # P94000005298



1. Entity Name
 SILVI, INC.

Principal Place of Business: 237 JOEL BLVD. LEHIGH ACRES, FL 33972 US
 Mailing Address: 12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907 US

2. Principal Place of Business - No P.O. Box #: 237 JOEL BLVD.
 Suite, Apt. #, etc.
 3. Mailing Address: c/o JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906

City & State: LEHIGH ACRES, FL
 City & State: FORT MYERS, FL

Zip: 33936 Country: LEE
 Zip: Country:



01152008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0482446
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROYSTON, ROBERT D JR.
 COSTELLO, SIMS & ROYSTON
 12670 NEW BRITTANY BLVD., SUITE 101
 FT. MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name: JOHN M. WICKER, P.A.
 Street: 12670 NEW BRITTANY BLVD., STE 101
 FORT MYERS, FL 33907
 City: Zip Code:

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: [Signature] DATE:

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARZMEIER, WILLIBALD 237 JOEL BLVD LEHIGH ACRES, FL 99972 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBS, KLAUS 237 JOEL BLVD LEHIGH ACRES, FL 33972 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature: Willibald Schwarzmeier] 4-28-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE