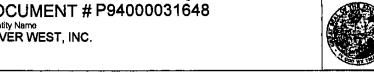
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P94000031648** SILVER WEST, INC.

**FILED** Feb 26, 2007 08:00 AM Secretary of State



Principal Place of Business

3109 STIRLING RD

SUITE 200

FORT LAUDERDALE, FL 33312

Mailing Address

3109 STIRLING RD

SUITE 200

FORT LAUDERDALE, FL 33312



No Chg-P DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0506808 Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

SINGER, BERNARD A

6. Name and Address of Current Registered Agent

3107 STIRLING RD **SUITE 105** FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent argument evaluated when reinstating)							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				<u> 16486 (U</u> -80018-016	150.00
10. OFFICERS AND DIRECT		DRS	PLUSTY FAR FOR	azir 1 ibizi 400 % di cikili ilikili ilikili Alabakik di di dibakik kali ilikili ilikili ilik	e (O) á Sit (O) facilitas ( a a a a citado (A) a a a a	autoria de la compansa de la compans	Contilleration of the state of
STREET ADDRESS 3109 STER	R, WALTER J LING RD., SUITE 200 DERDALE, FL 33312						
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	OTT LING RD., SUITE 200 DERDALE, FL 33312			DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE			4906-54 1906 34 440-54 196 196 1 480-56 196 196 1 480-56 196 196 481-44 196 164 196 196 196 1				

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

fillipe does not guality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director each exemption expected this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental report is

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP