


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000031998
1. Entity Name
SILBERT COUNSELING ASSOCIATES, INC.



Principal Place of Business 20300 WEST COUNTRY CLUB DRIVE PENTHOUSE 14 NORTH MIAMI BEACH, FL 33180	Mailing Address 20300 WEST COUNTRY CLUB DRIVE PENTHOUSE 14 NORTH MIAMI BEACH, FL 33180
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0482784	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERT, IAN
20300 WEST COUNTRY CLUB DRIVE
PENTHOUSE 14
NORTH MIAMI BEACH, FL 33180

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILBERT, IAN 20300 W. COUNTRY CLUB DRIVE PH14 N. MIAMI BCH, FL
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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.

SIGNATURE: IAN SILBERT 1/11/05 305 725-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #