


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90011 005 ***150.00

DOCUMENT # P95000004296	
1. Entity Name SILDEZ, INC.	

Principal Place of Business 1832 SHARONDALE DR CLEARWATER, FL 34615 33755	Mailing Address 1832 SHARONDALE DR CLEARWATER, FL 34615 33755
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DO NOT WRITE IN THIS SPACE

	
01032008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-3291286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, DANIEL L 1832 SHARONDALE DR CLEARWATER, FL 34615 33755	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 reappointing)

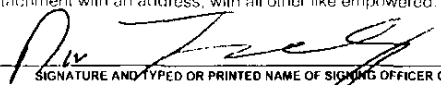
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FERNANDEZ, DANIEL L 1832 SHARONDALE DR CLEARWATER, FL 34615 33755
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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:  1-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____