


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 026 ***550.00

DOCUMENT # P95000036103
 Entity Name
THE SILVER PLATE OF MIAMI, INC.



Principal Place of Business Mailing Address
 407 LINCOLN RD. 407 LINCOLN RD.
 STE 6G STE 6G
 MIAMI, FL 33139 MIAMI, FL 33139

54072925



2. Principal Place of Business 3. Mailing Address
100 LINCOLN ROAD 100 LINCOLN ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
721 721
 City & State City & State
MIAMI BEACH, FL MIAMI BEACH, FL
 Zip Country Zip Country
33139 33139

07202004 Chg-P CR2E034 (10/03)

4. FEI Number 5. Certificate of Status Desired
65-0626481 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE
SECOND FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature typed or printed name of registered agent and the filer (see 4.120) (see 4.120) Registered Agent's signature required when re-registering

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DPT <input type="checkbox"/> Delete
NAME	CAROZZI, RICARDO D
STREET ADDRESS	100 LINCOLN ROAD APT 721
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DVPS <input type="checkbox"/> Delete
NAME	CAROZZI, DANIELA S
STREET ADDRESS	100 LINCOLN ROAD APT 721
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	CAROZZI, RICARDO E
STREET ADDRESS	100 LINCOLN ROAD APT 721
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Carozzi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #