2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000036103

1. Entity Name

THE SILVER PLATE OF MIAMI, INC.



FILED Apr 27, 2006 08:00 AM **Secretary of State**

Principal Place of Business

MIAMI BEACH, FL 33139

100 LINCOLN ROAD

Mailing Address

100 LINCOLN ROAD

MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

No Cha-P CR2E034 (11/05) 04212006

4. FEI Number 65-0626481 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE SECOND FLOOR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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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 Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signature, typed or profed name of registered agent and title if applicable. (NOTE, Registered A				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financial Trust Fund Contribution.	ığ 🖂	\$5.00 May Be Added to Fees	U0000536768 U5/08/06-80104-021 150.00
10.	0. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CAROZZI, RICARDO D 100 LINCOLN ROAD APT 721 MIAMI BEACH, FL 33139				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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TITLE				•	,

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:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OROPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.06