

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000060604**

1. Entity Name  
**SILVERS DESIGN BUILDING CORP.**



Principal Place of Business  
**1100 FIFTH ST  
MIAMI BEACH, FL 33139 US**

Mailing Address  
**1100 FIFTH ST  
MIAMI BEACH, FL 33139 US**



2. Principal Place of Business 3. Mailing Address

03242004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
**65-0601911**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILVERS, JAMES  
1100 FIFTH ST  
MIAMI BEACH, FL 33139**

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

Signature, typed or printed name of registered agent and title if applicable

(If CTF Registered Agent signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D SILVERS, JAMES**  
STREET ADDRESS **1100 FIFTH ST**  
CITY- ST- ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 if changed, or on an attachment with an address without one like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **JAMES F. SILVERS** 4/20/04

305-6720801

Daytime Phone #