2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr.28, 2006. 08:00 AN Secretary of State

DOCUMENT # P9500060604 1. Entity Name SILVERS DESIGN BUILDING CORP.				Secretary of State
Principal Place of Business 1100 FIFTH ST MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US			ds	
DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent				01312006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required
SILVERS, JAMES F 1100 FIFTH ST MIAMI BEACH, FL 33139				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 Signature, typed or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Added to Fees				
10.	OFFICERS AND E	DIRECTORS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SILVERS, JAMES F 1100 FIFTH ST MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000540066 05/10/06-80002-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	<u> </u>	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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12. I hereby certify that the information supplied with this filling 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 truese employeered 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: **SIGNATURE** **SIGNATURE** **Total Statutes** *				
SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				