

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000088643
 T. Entity Name
 LUIS SILVA ENTERPRISES, INC.



Principal Place of Business: 7575 STIDHAM DRIVE, ORLANDO, FL 32818
 Mailing Address: 7575 STIDHAM DRIVE, ORLANDO, FL 32818



04272004 No Chg-P CR2E03-1 (10/03)

DO NOT WRITE IN THIS SPACE

4. FRI Number: 59-3405360 Applied For: [Not Applicable]
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, LUIS
 7575 STIDHAM DRIVE
 ORLANDO, FL 32818

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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 Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

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

9. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees

U00000153850
 05/04/04-80145-001 158.75

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SILVA, LUIS
STREET ADDRESS	7575 STIDHAM DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	MALOS, LUIS S
STREET ADDRESS	7575 STIDHAM DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32818
TITLE	STD
NAME	SILVA, OLGA M
STREET ADDRESS	7575 STIDHAM DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information supported with this filing does not qualify for the exception stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this report of supplemental registration was true and correct and that my signature shall have the same legal effect as if made under oath. I am the 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 to be an individual, firm or partnership.

SIGNATURE: *[Signature]* 4.29.04 (407) 578-1972
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #