

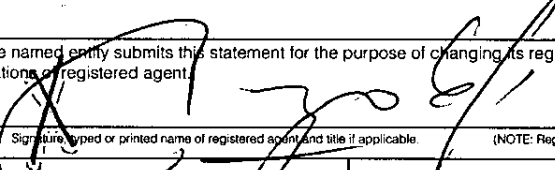
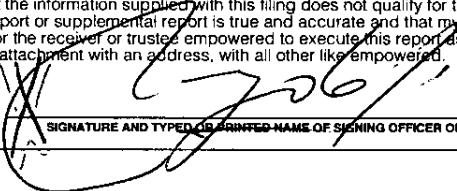


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 046 ***150.00

DOCUMENT # P96000101645 1. Entity Name SILVER EDGE, INC.					
Principal Place of Business 2344 SOUTHWEST 24 TERRACE MIAMI, FL 33145			Mailing Address 2344 SOUTHWEST 24 TERRACE MIAMI, FL 33145		
2. Principal Place of Business 3015 Grand Avenue Suite, Apt. #, etc. Suite 218 City & State Miami, FL Zip 33133-5124		3. Mailing Address 3015 Grand Avenue Suite, Apt. #, etc. Suite 218 City & State Miami, FL Zip 33133-5124			
Country USA		Country USA		4. FEI Number 65-0716162	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALEJANDRO D LONGOBARDI 2344 SW 24TH TERR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Alejandro D. Longobardi Street Address (P.O. Box Number is Not Acceptable) 3015 Grand Avenue Suite 218 City Miami FL Zip Code 33133		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O NAME LONGOBARDI, ALEJANDRO D STREET ADDRESS 2344 SOUTHWEST 24 TERRACE CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME LONGOBARDI, ALEJANDRO D. STREET ADDRESS 3015 Grand Avenue, Ste 218 CITY-ST-ZIP Miami, FL 33133-5124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.					
SIGNATURE: 			ALEJANDRO D. LONGOBARDI 2/10/04 445-1300 (305)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		