

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 009 ***150.00

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1. Entity Name
SILVER NEEDLE, INC.



Principal Place of Business
1973 NORTHWEST 55 AVENUE
MARGATE, FL 33063

Mailing Address
1973 NORTHWEST 55 AVENUE
MARGATE, FL 33063

54055581



05192004 No Chg-P CR2E034 (1D/03)

4. PEI Number
65-0852157

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUE, ALAN
1973 NW 55 AVE
MARGATE, FL 33063

**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 if applicable, (NOTE: Registered Agent signature required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUE, ALAN
STREET ADDRESS	1973 NW 55 AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04

Date

Copy/ing Phone #