## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 8:00 am

DOCUMENT # P98000088878  1. Entity Name SILVA CONSTRUCTION MATERIALS, INC.				04-13-2007 90163 040 ***150.00			
Principal Place of Business 6310 JOHNSON ST HOLLYWOOD, FL 33024  Maifing Address 6310 TOHNSON ST HOLLYWOOD, FL 33024		631420H	, ·	ratās rām būmi dzim Būm		erifikā di ekiks	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address		-N (OH S					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)		
City & State City & State City & State		D. FL	4. FEI Numbe 65-087		<u> </u>	oplied For ot Applicable	
Zip Country	33024	Country		of Status Desired	See Require		
6. Name and Address of Current	Registered Agent	N	7. Name and	Address of New R	egistered Agent		
SILVA, RICARDO 6310 JOHNSON ST HOLLYWOOD, FE 33024			Name Street Address (P.O. Box Number is Not Acceptable)				
HOLLTWOOD, FE 33024						-	
			FL Zip Code				
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its re-	gistered office or re	egistered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE							
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	S IN 11	
THE PRESIDENT	☐ Delete	TITLE		·	Change	☐ Addition	
NAME SILVA, RICARDO STREET ADDRESS 6310 JOHNSON ST		NAME STREET ADDRESS	* A				
CITY-ST-ZIP HOLLYWOOD, FL 33024		CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME	HOMMOS PUL 20HMO PUL SIN NICE BUEZI	N 2 L	☐ Change	<b>Addition</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	obtained in Observation (CC)	Elocido Otas	☐ Change	Addition	

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 eath; 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:

RICARDO SILVA SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR