


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 013 ***150.00

DOCUMENT # P98000094257 1. Entity Name SILVERADE LIMITED, INC.	
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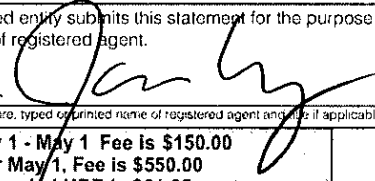
DO NOT WRITE IN THIS SPACE

10062788

2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami, Florida Zip 33131 Country U.S.A.		4. FEI Number 52-2221795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				DO NOT WRITE IN THIS SPACE	

DO-NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent				
	Name James M. Meyer, Esq.				
	Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue				
	Suite 1650				
City Miami		FL		Zip Code 33131	

I, 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 4/7/2003

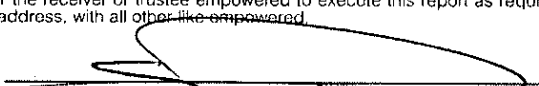
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Sebastiao Fogaca de Aguiar 21 Grand Bay Estates Circle Key Biscayne, Florida 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  03-21-03
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)