

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90408 030 \*\*\*150.00

**DOCUMENT # P99000015225**

1. Entity Name  
**SILVER TRADING, INC.**



Principal Place of Business  
**1290 WESTON ROAD  
SUITE 306  
WESTON, FL 33326**

Mailing Address  
**1290 WESTON ROAD  
SUITE 306  
WESTON, FL 33326**

**14013921**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0999134**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**AREVALO, JUAN C  
21050 POINT PLACE #2001  
AVENYURA, FL 33180**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **AREVALO, JUAN**  
STREET ADDRESS **21050 POINT PLACE #2001**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VP** ☐ Delete  
NAME **AREVALO, MARIA LUISA**  
STREET ADDRESS **21050 POINT PLACE #2001**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **AREVALO, JUAN**  
STREET ADDRESS **21050 POINT PLACE #2001**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **PSD** ☒ Change ☐ Addition  
NAME **AREVALO, MARIA LUISA**  
STREET ADDRESS **21050 POINT PLACE #2001**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #