


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 011 ***150.00

DOCUMENT # P99000015225

1. Entity Name
SILVER TRADING, INC.



Principal Place of Business Mailing Address

1290 WESTON ROAD 1290 WESTON ROAD
 SUITE 306 SUITE 306
 WESTON, FL 33326 WESTON, FL 33326

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

18501 PINES BLVD. **18501 PINES BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


201 **201**

City & State City & State

PEMBROKE PINES **PEMBROKE PINES**

Zip Country Zip Country

33029 **USA** **33029** **USA**



03052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For -

65-0999134 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GBS CONSULTANTS, INC
 1290 WESTON RD STE 306
 FORT LAUDERDALE, FL 33326

Name
GBS CONSULTANTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
18501 PINES BLVD. UNIT 201
 City State Zip Code
PEMBROKE PINES **FL** **33029**

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 **Jorge Fernandez** Vice-President **03.05.2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AREVALO, MARIA LUISA 1290 WESTON ROAD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AREVALO, MARIA LUISA 18501 PINES BLVD. UNIT 201 PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Maria Luisa Arevalos** **03.05.2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #