


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90014 015 \*\*\*150.00

<b>DOCUMENT # P99000015225</b> 1. Entity Name <b>SILVER TRADING, INC.</b>					
Principal Place of Business <b>18501 PINES BLVD.</b> <b>201</b> <b>PEMBROKE PINES, FL 33029</b>			Mailing Address <b>18501 PINES BLVD.</b> <b>201</b> <b>PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business - No P.O. Box # <b>12401 ORANGE DRIVE</b> Suite, Apt. #, etc. <b>Suite 223</b>		3. Mailing Address <b>12401 ORANGE DRIVE</b> Suite, Apt. #, etc. <b>Suite 223</b>			
City & State <b>DAVIE, FLORIDA</b> Zip <b>33330</b>		City & State <b>DAVIE, FLORIDA</b> Zip <b>33330</b>		4. FEI Number <b>65-0999134</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GBS CONSULTANTS, INC</b> <b>18501 PINES BLVD.</b> <b>UNIT 201</b> <b>PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	D. AREVALO, MARIA LUISA <input checked="" type="checkbox"/> Delete 18501 PINES BLVD., UNIT 201 PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA LUISA AREVALO 12401 ORANGE DRIVE SUITE 223 DAVIE, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Delete AREVALO, JUAN 18501 PINES BLVD., UNIT 201 PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JUAN AREVALO 12401 ORANGE DRIVE SUITE 223 DAVIE, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete AREVALO, MARIA G 18501 PINES BLVD., UNIT 201 PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA G. AREVALO 12401 ORANGE DRIVE SUITE 223 DAVIE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Maria Luisa Arevalo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-4-08</u>		Daytime Phone #: <u>9546598835</u>