

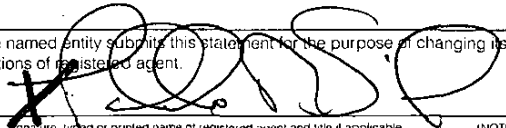
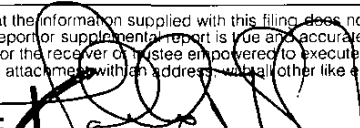


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90013 018 \*\*\*150.00

<b>DOCUMENT # P99000037945</b> 1. Entity Name <b>SILVA INSURANCE GROUP, INC.</b>																													
Principal Place of Business <b>425 SW 198 TERR</b> <b>PEMBROKE PINES, FL 33029 1287</b>		Mailing Address <b>425 SW 198 TERR</b> <b>PEMBROKE PINES, FL 33029 1287</b>																											
2. Principal Place of Business - No P.O. Box # <b>4935 STATE ROAD 207</b> Suite, Apt. #, etc.		3. Mailing Address <b>4935 STATE ROAD 207</b> Suite, Apt. #, etc.																											
City & State <b>ELKTON - FL</b> Zip <b>32033</b> Country <b>USA</b>		City & State <b>ELKTON - FL</b> Zip <b>32033</b> Country <b>USA</b>		4. FEI Number <b>65-0914421</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent <b>SILVA, PABLO M</b> <b>485 SW 198 TERRACE</b> <b>PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>PABLO M SILVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4935 STATE ROAD 207</b> City <b>ELKTON</b> FL Zip Code <b>32033</b>																										
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  DATE <b>4-21-2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <b>DPT</b>  <b>SILVA, PABLO M</b>  <b>485 SW 198 TERRACE</b>  <b>PEMBROKE PINES, FL 33029</b> </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>SILVA, PABLO M</b> <b>485 SW 198 TERRACE</b> <b>PEMBROKE PINES, FL 33029</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <b>DPT</b>  <b>PABLO M. SILVA</b>  <b>4935 STATE ROAD 207</b>  <b>ELKTON - FL 32033</b> </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>PABLO M. SILVA</b> <b>4935 STATE ROAD 207</b> <b>ELKTON - FL 32033</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> 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, without other like empowered. SIGNATURE:  <b>PABLO M. SILVA</b> DATE <b>4-21-2008</b> DAYTIME PHONE <b>(954) 430-8711</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													