
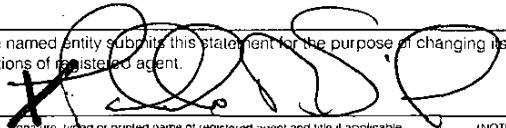
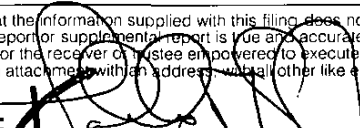


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-08-2008 90013 018 ***150.00

DOCUMENT # P99000037945			
1. Entity Name SILVA INSURANCE GROUP, INC.			
Principal Place of Business 425 SW 198 TERR PEMBROKE PINES, FL 33029 1287		Mailing Address 425 SW 198 TERR PEMBROKE PINES, FL 33029 1287	
2. Principal Place of Business - No P.O. Box # 4935 STATE ROAD 207		3. Mailing Address 4935 STATE ROAD 207	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ELKTON - FL		City & State ELKTON - FL	
Zip 32033	Country USA	Zip 32033	Country USA
4. FEI Number 65-0914421		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA, PABLO M 485 SW 198 TERRACE PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name PABLO M SILVA. Street Address (P.O. Box Number is Not Acceptable) 4935 STATE ROAD 207 City ELKTON FL Zip Code 32033	
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: X 4-21-2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT NAME SILVA, PABLO M STREET ADDRESS 405 SW 198 TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE DPT NAME PABLO M. SILVA STREET ADDRESS 4935 STATE ROAD 207 CITY-ST-ZIP ELKTON - FL 32033	<input checked="" 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
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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, or by all other like empowered.			
SIGNATURE: 		PABLO M. SILVA (954) 430-8711 Date: 4-21-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	