

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037945

FILED
Apr 22, 2009
Secretary of State

Entity Name: SILVA INSURANCE GROUP, INC.

Current Principal Place of Business:

4935 STATE ROAD
SUITE #207
ELKTON, FL 32033

New Principal Place of Business:

4935 STATE ROAD 207
ELKTON, FL 32033

Current Mailing Address:

4935 STATE ROAD
SUITE #207
ELKTON, FL 32033

New Mailing Address:

4935 STATE ROAD 207
ELKTON, FL 32033

FEI Number: 65-0914421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, PABLO M
4935 STATE ROAD
SUITE #207
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

SILVA, PABLO M
4935 STATE ROAD 207
ELKTON, FL 32033 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SILVA, PABLO M
Address: 4935 STATE ROAD, SUITE #207
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SILVA, PABLO M
Address: 4935 STATE ROAD 207
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO M SILVA

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date