

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037945

FILED
Apr 18, 2011
Secretary of State

Entity Name: SILVA INSURANCE GROUP, INC.

Current Principal Place of Business:

5855 CYPRESS ESTATES DR
ELKTON, FL 32033

New Principal Place of Business:

5855 CYPRESS ESTATES DR
ELKTON, FL 32033

Current Mailing Address:

P. O. BOX 122
ELKTON, FL 32033

New Mailing Address:

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
5855 CYPRESS ESTATES DR
ELKTON, FL 32033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: SILVA, PABLO M
Address: 5855 CYPRESS ESTATES DR
City-St-Zip: ELKTON, FL 32033

I hereby 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 all other like empowered.

SIGNATURE: PABLO M SILVA

MR.

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date