2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/2/20

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-02-2004 90050 015 ***150.00

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1. Entity Name
SILVIO HALFON ENTERPRISES, INC.

66407130

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
12 KEY WEST DRIVE LEESBURG FL 34788	12 KEY WEST DRIVE LEESBURG FL 34788

2. Principal Place of Business	3. Mailing Address
12 KEY WEST DR	16445 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. PH 25
City & State LEESBURG FL	City & State SUNNY ISL BCH
Zip 34788 Country	Zip 33160 Country FL

4. FEI Number 65-0942853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALFON, GRAZIA
16445 COLLINS AVE., PH 25
MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	P HALFON, GRAZIA 16445 COLLINS AVE., PH 25 MIAMI BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Grazia Halfon 3/17/04 305-9409325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #