## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2005 8:00 am Secretary of State

Principal Piezo of Receiveds   South Age	1. Entity Nam	MENT # P9900009 A SILBERMAN 3, INC.		1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				01-21-2005 9	90090 01	1 ***150	.00
SUITE 38 KEY BISCAME, FL 33149  2. Principal Place of Business  Suite, April #, etc.  City & State  Country  Country  City & State  Country  Country  City & State  Country  Cou	* :		· ·						į	50005	460
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Suite. Apt #, vic.   Suite	33.12.33										
Suite Apt											<sub> -</sub> .
City & State  Ci	2. Principal Place of Business 3		3. Mailing Address	. Mailing Address							
Exp.   Country   Zip   Country   S. Certificate of Straus Desired   Say 55 Additional Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and	Suite, Apt. #, etc.						72005	Chg-P	CR2E0		
S. Certification   Service Agent   S. Certification   Service Agent   S. Certification   Service Agent   S. Certification   Service Address of New Registered Agent   S. Name and Address (P.O. Box Number is Not. Acceptable)	City & State		City & State	City & State							•
LURIE, JANE 335 NW 26 ST. MIAMI, FL 33127  8. The above nerved 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 ubligations of registered agent.  SIGNATURE    Symbol N, Nool or privat name in registered agent are tilled a spiritually 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 ubligations of registered agent.  SIGNATURE    Symbol N, Nool or privat name in registered agent are tilled a spiritually 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 ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent.  SIGNATURE   Symbol N, Nool or privat name in registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ubligations of registered agent.    Signature Plants   St	Zip	Country	Zip	Country		<b>5.</b> C	ertificate o	f Status Desired			
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Sirget Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)			•		Name	VA A	e ha e	2A 511	heen	nAM.	
Atter May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREST ADDRESS  CITY-S1-2P  CHANGE  SIREST ADDRESS  CITY-S1-2P  CHAN					Street Add	ress (P.O. B	ox Number	is Not Acceptable	) ·	1111	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature				•			- A		2 1		<u> </u>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, head or printed name of registered agent and title if applicable.    (AOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, head or printed name of registered agent and title if applicable.    (AOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    (AOTE: Floridation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Floridation of Floridation of Posterial Agent appears of Po					City	260	)· <u>((</u>	AMDO N		VD S	1e 38
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	1	certify that the information supplied w	rith this filing does not qualify f		LL.	d in Section	1 19.07(3)(i)	), Florida Statutes.	I further cer	tify that the ir	nformation ·

report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if wered.