2005 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State 07-05-2005 90115 018 ***550.00 **DOCUMENT # P99000101658** 1. Entity Name SILVERIO & HALL, P.A. Principal Place of Business Mailing Address 44 W. FLAGLER ST., STE: 2450 -44 W. FLAGLER ST., STE: 2450 50054583 MIAMI, FL 33130 MIAMI, FL 33130 3. Mailing Address 2. Principal Place of Business 150 W. Flagler Street. Suite, Apt. #, etc. 150 W. Flagler Street Suite, Apt. #, etc. 06292005 CR2E034 (10/03) Chg-P Penthouse 2850 Penthouse 2850 Applied For City & State Miami, FL City & State 4. FEI Number Miami, FL 65-0978842 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33130 33130 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVERIO, MARK V Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER ST., STE. 2450 MIAMI, FL 33130 --150 West Flagler Street, Penthouse 2850 Miami, FL 33130 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition xt Change TITLE ☐ Delete TITLE SILVERIO, MARK V. NAME NAME 150 West Flagler Street, Suite 2850 44 W. FLAGLER ST., STE. 2450 STREET ADDRESS STREET ADDRESS Miami, FL 33130 CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME HALL, CYNTHIA BYRNE NAME 400 FIFTH AVE. SOUTH, STE. 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR I ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

305-371-27s

Change

☐ Addition

FILED Jul 05, 2005 8:00 am