2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUI 1. Entity Nam SILVER M	n e	# \$13198 INC.					FILED 06 AUG 14 PH 2: 18				
Principal Place of Business 3 109 STIRLING RD. SUITE 200 FT. LAUDERDALE, FL 33312 US			Mailing Address 3109 STIRLING RD SUITE 200 FT. LAUDERDALE, FL	US		SECRETARY OF STATE TALLAHASSEE, FLORIDA			11 TRW)		
2. Principal Place of Business			3. Mailing Address			9					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				67182006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Numb 59-306			<u> </u>	plied For t Applicable	
Zip	Country		Zip	Zip Coun		′		of Status Desired		\$8.75 Add	
	6. Name	e and Address of Current	Registered Agent	7. Name and Address of New Registered Agent							
SINGER, BERNARD A 3107 STIRLING RD SUITE 105 FORT LAUDERDALE, FL 33312							P.O. Box Numb	er is Not Acceptabl	e) FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its register						egister	red agent, or bo	th, in the State of FI			
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remission 2.7.06 B1032 0 AFE **** 61.25											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										-	
10.	000	OFFICERS AND				ADDITIONS	CHANGES TO OFF	ICERS AND	 		
NAME STREET ADDRESS CITY-ST-ZIP	3109 ST	DER, WALTER J. RLING RD #200 ERDALE, FL	□ Oelete		1					∐ Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3109 STI	DER, DAVID G. RLING RD #200 DERDALE, FL	Delete			31	CKERMAN, N 109 STIRLING			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			<u>. </u>		110,112	, 	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delote		1		<u>.</u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\sim	☐ Delete							Change	Addition
12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is tole 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 trusted employered 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: Dayler And Typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayler Proof & Date Dayler Proof & Day											