## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2004 8:00 am

DOCUMENT # S16054  1. Entity Name SILVER HAWK, INC.				<b>₩</b>	Secretary of State 02-11-2004 90042 015 ***150.00		
Principal Place of Business 6352 NW 173RD ST MIAMI, FL 33015		Mailing Address 6352 NW 173RD ST MIAMI, FL 33015					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Appt, etc.			izi anii kini nisii nisii alini kini kini sisi al	Billing is Just	
City & State		COULT City & State		01252004 Chg-l		pplied For	
Zip Country		Chapel hill, N.C.		65-0280760	\$9.75 A	lot Applicable	
, , , , , , , , , , , , , , , , , , ,	6. Name and Address of Currer	27514	<u>(7.5.A</u>		Desired Fee Requirement Fee Regular		
BATARSE, JOSE ENRIQUE				Name			
6352 NW MIAMI, FL	173RD ST		Street Addre	ss (P.O. Box Number is Not Ad	ceptable)		
			City	· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de	
8. The above named entity subroits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed parts of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
10.	OFFICERS AN		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	D BÁTARSE, JOSE ENRIQUE 6352 NW 173RD ST MIAMI, FL 33015	☐ Deletø	NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE	Wirdwi, FE 33013	. Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	**************************************	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delets	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 truster 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: JUNE TURIOUE BOTTOME FOR 02-04 (919)360-1911							