


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 014 ***150.00

DOCUMENT # S16054

1. Entity Name
SILVER HAWK, INC.



Principal Place of Business
2725 ARBORWOOD ROAD
DAVIE, FL 33328

Mailing Address
P.O. BOX 290130
DAVIE, FL 33329-0130

2. Principal Place of Business
6352 N.W. 173rd
Suite, Apt. #, etc.
street
City & State
Miami, Florida

3. Mailing Address
6352 N.W. 173rd
Suite, Apt. #, etc.
street
City & State
miami, Florida

Zip
33015
Country
USA

Zip
33015
Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0280760

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BATARSE, JOSE ENRIQUE
2725 ARBORWOOD ROAD
DAVIE, FL 33328

7. Name and Address of New Registered Agent
Name
Jose Enrique Batarse
Street Address (P.O. Box Number is Not Acceptable)
6352 N.W. 173rd street
City
miami
FL
Zip Code
33015

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

FILE NOW!! FEE IS \$160.00
PAID BY May 1, 2003 Fee will be \$60.00
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 D	BATARSE, JOSE ENRIQUE 2725 ARBORWOOD ROAD DAVIE, FL 33328	TITLE D	Batarse, Jose Enrique 6352 N.W. 173rd street miami, Florida 33015
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: (Jose Enrique Batarse-President) April 30, 2003 (305)557-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)