2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 22, 2008 8:00 am **DOCUMENT # \$76633 Secretary of State** 1. Entity Name 02-22-2008 90017 033 \*\*\*150.00 R.E. SILVERA AND ASSOCIATES MARINE SURVEYORS AND CONSULTANTS, INC. Principal Place of Business Mailing Address 1906 S.W. 86TH AVENUE NORTH LAUDERDALE FL 33068 1906 S.W. 86TH AVENUE NORTH LAUDERDALE FL 33068 lace of Business - No P.C. Box.# DEFFERSON ST CR2E034 (10/07) 1st MOORE 4. FEI Number Applied For 65-0281006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SQUIRE, STEVEN F. Street Address (P.O. Box Number is Not Acceptable) 500 N.E. 3RD AVENUE FT. LAUDERDALE FL 33301 City Zip Code 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 harge of registered agent and tale if applicable. (NOTE: Registered Agont eigentum required when redistrating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS; AND DIRECTORS 1117 PDS 🥇 🗦 TITLE ☐ Delete TITLE Change Addition SILVERA ROWALD CAPT 1996 JEFFERSON'ST 4/0 HOLLAND SILVERA, RONALD E., CAPT NAME NAME 1906 S.W. 86TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL CITY-ST-ZIP LONGWOOD, FL 32150 Change TITLE ☐ Delete ПΠЕ ☐ Addition SILUERA ROWALD CAPT 1906 JUFFERSON ST. CH SILVERA, RONALD E., CAPT NAME STREET ADDRESS 1906 SW 86 AVE STREET ADDRESS NORTH LAUDERDALE FL 33068 LONGWOOD FC 32750 CITY-ST-7/2 CITY-ST-7tP TITLE ☐ Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIDE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 true ee 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 will an address with all the impowered.

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