



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V18152</b> 1. Entity Name SILCA REALTY, INC.			
Principal Place of Business 3950 CURTISS PARKWAY MIAMI SPRINGS, FL 33166 US		Mailing Address 3950 CURTISS PARKWAY MIAMI SPRINGS, FL 33166 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0321504 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  CABRERA, SILVIA M. 3950 CURTISS PKWY MIAMI SPRINGS, FL 33166		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000326065 04/23/05-80042-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
D CABRERA, SILVIA M. 3950 CURTISS PARKWAY MIAMI SPRINGS, FL 33166			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>X Silvia Cabrera</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SILVIA M. CABRERA DIR. 4/08/05 Date Daytime Phone #	