

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91146 025 \*\*\*150.00

DOCUMENT # V37249  
1. Entity Name  
Silver Streaks Inc ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
528 16th Street  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1120  
Suite, Apt. #, etc.

City & State  
West Palm Beach FL  
Zip Country  
33407 US

City & State  
Palm Beach FL  
Zip Country  
33480 US

4. FEI Number  
65-0336099  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Posvar, Kristi  
Street Address (P.O. Box Number is Not Acceptable)  
1501 N. Dixie Highway  
City West Palm FL Zip Code 33401

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.  
SIGNATURE \_\_\_\_\_  
Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

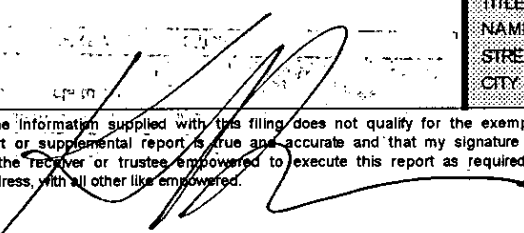
10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD NAME Posvar, Kristi STREET ADDRESS 2600 North Flagler CITY-ST-ZIP West Palm Beach FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/30/02 Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)