

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044677

Entity Name: SILVA INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

12392 SW 82ND AVE, SUITE 12392
PINECREST, FL 33156

Current Mailing Address:

12392 SW 82 AVE
SUITE 12392
PINECREST, FL 33156 US

FEI Number: 65-1004066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, JOSEPH ANTHONY
12392 SW 82ND AVE, SUITE 12392
PINECREST, FL 33156 US

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: JOSEPH SILVA

01/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SILVA, JOSEPH A
Address 12392 SW 82 AVE
 SUITE 12392
City-State-Zip: PINECREST FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH SILVA

PRESIDENT

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date