

**2019 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

01/16/2019

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

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date