

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000044677

**Entity Name:** SILVA INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

634 SW PENNFIELD TER  
STUART, FL 34997

**Current Mailing Address:**

634 SW PENNFIELD TER  
STUART, FL 34997 US

**FEI Number: 65-1004066**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SILVA, JOSEPH ANTHONY  
634 SW PENNFIELD TER  
STUART, FL 34997 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**

**02/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SILVA INSURANCE CONSULTANTS  
                  INC  
Address        634 SW PENNFIELD TER  
City-State-Zip: STUART FL 34997

*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**

**02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date