

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000013774

**Entity Name:** PAUL SILVESTRI & ASSOCIATES, INC.

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC1641253360**

**Current Principal Place of Business:**

3923 LAKE WORTH RD  
STE 104  
LAKE WORTH, FL 33461

**Current Mailing Address:**

3923 LAKE WORTH RD  
STE 104  
LAKE WORTH, FL 33461 US

**FEI Number: 65-0389920**

**Certificate of Status Desired: No**

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

SILVESTRI, JO ANN  
18 EAST ARCH DRIVE  
LAKE WORTH, FL 33467 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            SILVESTRI, JO ANN  
Address        18 E. ARCH DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            SILVESTRI, JO ANN  
Address        18 E. ARCH DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title            TRES  
Name            SILVESTRI, JO ANN  
Address        18 EAST ARCH DR  
City-State-Zip: LAKE WORTH FL 33467

*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: JO ANN SILVESTRI**

**PRESIDENT**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date