

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037945

Entity Name: SILVA INSURANCE GROUP, INC.

Current Principal Place of Business:

5855 CYPRESS ESTATES DR
ELKTON, FL 32033

Current Mailing Address:

P. O. BOX 122
ELKTON, FL 32033

FEI Number: 65-0914421

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, PABLO M
5855 CYPRESS ESTATES DR
ELKTON, FL 32033 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 DPT
Name SILVA, PABLO M
Address 5855 CYPRESS ESTATES DR
City-State-Zip: ELKTON FL 32033

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: PABLO M SILVA

PRESIDENT

05/01/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date