

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000067828

**Entity Name:** SYBYL RETREAT 30 CORP.

**Current Principal Place of Business:**

770 CLAUGHTON ISLAND DR SUITE #CU-1  
MIAMI, FL 33131

**Current Mailing Address:**

770 CLAUGHTON ISLAND DR SUITE #CU-1  
MIAMI, FL 33131

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MATEO DE SOSA, CECILIA  
770 CLAUGHTON ISLAND DR SUITE #CU-1  
MIAMI, FL 33131 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 PD  
Name WACHTER, LOTHAR V  
Address 770 CLAUGHTON ISLAND DR SUITE #CU-1  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name NAZUR, ARNOLD E  
Address 255 ALHAMBRA CIRCLE SUITE 500  
City-State-Zip: CORAL GABLES FL 33134

Title STD  
Name MATEO DE SOSA, CECILIA  
Address 770 CLAUGHTON ISLAND DR SUITE #CU-1  
City-State-Zip: MIAMI FL 33131

Title D  
Name WACHTER, VERA S  
Address 770 CLAUGHTON ISLAND DR SUITE #CU-1  
City-State-Zip: MIAMI FL 33131

*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:** WACHTER , LOTHAR V

PD

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date