

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90737 008 \*\*\*150.00

**DOCUMENT # 418570**

1. Entity Name  
**SYDSTEAD CORP..**



Principal Place of Business

1815 GRIFFIN ROAD  
301  
DANIA BEACH, FL 33433 US

Mailing Address

1815 GRIFFIN ROAD  
301  
DANIA BEACH, FL 33433 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 33004

Country BROWARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33004

Country BROWARD

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-1507762

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLOFSKY, HOWARD  
1815 GRIFFIN ROAD  
SUITE 301  
DANIA BEACH, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 33004

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WOLOFSKY, HOWARD  
STREET ADDRESS 1815 GRIFFIN ROAD SUITE 301  
CITY-ST-ZIP DANIA BEACH, FL 33433

TITLE VD ☐ Delete  
NAME LEVINE, MARLENE  
STREET ADDRESS 1815 GRIFFIN ROAD SUITE 301  
CITY-ST-ZIP DANIA BEACH, FL 33433

TITLE SD ☐ Delete  
NAME BURSTEIN, RHONDA  
STREET ADDRESS 1815 GRIFFIN ROAD SUITE 301  
CITY-ST-ZIP DANIA BEACH, FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33004

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33004

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD WOLOFSKY

4/22/04

Date

954-925-2990

Daytime Phone #