


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 676246

1. Entity Name
 SYLOR INSURANCE CORP.



Principal Place of Business Mailing Address

2525 HOLLYWOOD BLVD 2525 HOLLYWOOD BLVD
 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2015574 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRODY, STANLEY M.
 407 LINCOLN ROAD, SUITE #10J
 MIAMI BEACH, FL 33139

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HIRSCH, LAUREL
STREET ADDRESS	3430 GALT OCEAN DR 1504
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	P
NAME	HIRSCH, SEYMOUR M.
STREET ADDRESS	3430 GALT OCEAN DR 1504
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date:  Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR