

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 676246

FILED  
Mar 03, 2012  
Secretary of State

Entity Name: SYLOR INSURANCE CORP.

**Current Principal Place of Business:**

3430 GALT OCEAN DRIVE  
UNIT 1504  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3430 GALT OCEAN DRIVE  
UNIT 1504  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 59-2015574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HIRSCH, LAUREL  
Address: 3430 GALT OCEAN DR, #1504  
City-St-Zip: FT LAUDERDALE, FL

Title: TSD  
Name: BOTTONE, DEBBIE S  
Address: 11884 NW 2ND COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

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: LAUREL HIRSCH

PD

03/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date