

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

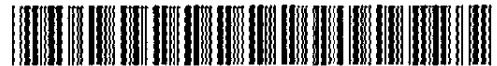
DOCUMENT # F04000000947

1. Entity Name
SYX SERVICES INC.



Principal Place of Business
**7795 WEST FLAGLER
MIAMI, FL 33144**

Mailing Address
**11 HARBOR PARK DR
PORT WASHINGTON, NY 11050**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0802362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LEEDS, RICHARD
11 HARBOR PARK DR
PORT WASHINGTON, NY 11050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GODSCHEIN, STEVEN
11 HARBOR PARK DR
PORT WASHINGTON, NY 11050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUSH, CURT
11 HARBOR PARK DR
PORT WASHINGTON, NY 11050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DUNNE, JOE
7795 WEST FLAGLER
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FIORENTINO, GILBERT
7795 WEST FLAGLER
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000397376
01/30/06-80045-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICHOLAS SPILLER, VP 1/13/06 516-608-7000