## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000947

Entity Name: SYX SERVICES INC.

FILED Mar 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7795 WEST FLAGLER MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 11 HARBOR PARK DR PORT WASHINGTON, NY 11050 FEI Number: 20-0802362 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LEEDS, RICHARD Name: Name: 11 HARBOR PARK DR Address: Address: City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: VΡ Title: Title: () Delete CFO (X) Change ( ) Addition Name: GODSCHEIN, STEVEN Name: REINHOLD, LAWRENCE 11 HARBOR PARK DR 11 HARBOR PARK DR Address: Address: PORT WASHINGTON, NY 11050 PORT WASHINGTON, NY 11050 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: SEC (X) Change ( ) Addition RUSH, CURT RUSH, CURT Name: Name: 11 HARBOR PARK DR 11 HARBOR PARK DR Address: Address: PORT WASHINGTON, NY 11050 City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: Title: VPD () Delete Title: () Change () Addition DUNNE, JOE Name: Name: Address: 7795 WEST FLAGLER Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: PD Title: () Delete () Change () Addition FIORENTINO, GILBERT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS W AXMACHER VPC 03/29/2007

7795 WEST FLAGLER

MIAMI, FL 33144

Address: City-St-Zip: