## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90090 012 \*\*\*150.00

## DOCUMENT #F87361



1. Entity Name SYDMAR CORPORATION 46000-Principal Place of Business Mailing Address 1601 BELVEDERE RD #407 S 1601 BELVEDERE RD #407 S W PALM BEACH, FL 33406 W PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2194607 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYER, SYDELLE Street Address (P.O. Box Number is Not Acceptable) 1601 BELVEDERE RD., STE 407 S WEST PALM BEACH, FL 33406 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1,1 . % VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALFUS, MARJORIE NAME NAME 44 COCOANUT ROW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH., FL CITY-ST-ZIP PD Delete TITLE ☐ Change naitibhA 🔲 NAME MEYER, SYDELLE NAME STREET ADDRESS 1601 BELVEDERE RD. STE 407 S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-7IP Addition ☐ Delete TITLE William A. Meyer ILOI BELVEDERE Rd., Ste. 407 S. West Palm Beach, FL 33406 NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Gail M. Asaach NAME No Belvedene Pid., Ste. 407 5. STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP MEST PAIN BEACH FL 33406 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this hing 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 of iffusive expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee of changed, or on an attachment with an address all other like empowe

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ER OR DIRECTOR

Daytime Phone #