## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87361

Entity Name: SYDMAR CORPORATION

1601 BELVEDERE, STE. 407 S.

WEST PALM BEACH, FL 33406

Address: City-St-Zip: FILED Apr 09, 2009 Secretary of State

Entity Nai	me: SYDIVIAI	RCORPORATION						
Current Principal Place of Business:				New Principal Place of Business:				
	VEDERE RD # BEACH, FL 33							
Current Mailing Address:				New Mailing Address:				
	VEDERE RD # BEACH, FL 3:							
FEI Number: 59-2194607 FEI Number Applic		FEI Number Applied F	or() FEINU	) FEI Number Not Applicable ( )			Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	SYDELLE VEDERE RD., LM BEACH, F							
	e named entity e of Florida.	submits this statement	t for the purpose	of changing i	ts registered	office or registered	d agent, or both,	
SIGNATUI	RE:							
	Electro	nic Signature of Regist	tered Agent			Date		
Election Car	mpaign Financir	ng Trust Fund Contribution	n ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VSD ( ALFUS, MARJ 44 COCOANU PALM BCH., F	T ROW		Title: Name: Address: City-St-Zip:	(	()Change ()Additior	n	
Title: Name: Address: City-St-Zip:	MEYER, WILL 1601 BELVED	) Delete IAM A OERE RD. STE. 407 S. BEACH, FL 33406		Title: Name: Address: City-St-Zip:	(	()Change ()Additior	1	
Title: Name:	T ( ASAACH, GAII	) Delete . M		Title: Name:	T ( ASARCH, GA	(X) Change()Addition IL M	n	

I hereby certify that the information supplied with this filing does not qualify 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:

1601 BELVEDERE, STE. 407 S.

WEST PALM BEACH, FL 33406

SIGNATURE: GAIL M. ASARCH T 04/09/2009