


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90080 037 ***150.00

DOCUMENT # F93000002240 1. Entity Name SYLVANIA EXPORT CORPORATION N.V.					
Principal Place of Business 6600 N. ANDREWS AVE., SUITE 240 FT. LAUDERDALE, FL 33309			Mailing Address 6600 N. ANDREWS AVE., SUITE 240 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0405576	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDEN, JEFFREY M 6600 N. ANDREWS AVE., SUITE 240 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, JEFFREY M 111 NW 104 TERR CORAL SPGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, JEFFREY M. 7812 Mandarin Drive Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRI, CARLOS J 1900 S OCEAN BLVD LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCINI, ROBERT J 7 OLD-TOWN RD N WALPOLE, MA 02081		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EQUITY TRUST (CURACAO) N.V. SCARLOOWEG 81 CURACAO, NE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EQUITY TRUST (CURACAO) N.V. Penstraat 35 -PO Box 4911 Curacao, Netherland Antilles	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			J.M.LINDEN 4/12/04 (954) 776-1606 <small>Date Daytime Phone #</small>		

94053014



04082004 Chg-P CR2E034 (10/03)