

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90101 007 \*\*\*150.00

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04082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F93000002240</b> 1. Entity Name SYLVANIA EXPORT CORPORATION N.V.					
Principal Place of Business 6600N.ANDREWSAVE.,SUITE240 FT.LAUDERDALE,FL33309			Mailing Address 6600N.ANDREWSAVE.,SUITE240 FT.LAUDERDALE,FL33309		
2. Principal Place of Business <b>6600 N. Andrews Ave.,</b> Suite, Apt. #, etc. <b>275</b>		3. Mailing Address <b>6600 N. Andrews Ave.,</b> Suite, Apt. #, etc. <b>275</b>		4. FEI Number <b>65-0405576</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Ft.Lauderdale, FL</b>		City & State <b>Ft.Lauderdale, FL</b>			
Zip <b>33309</b>		Zip <b>33309</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LINDEN, JEFFREY M</b> <b>6600 N. ANDREWS AVE., SUITE 240</b> <b>FT. LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name <b>LINDEN, JEFFREY M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 N. ANDREWS AVE.,</b> <b>SUITE 275</b> City <b>FT. LAUDERDALE</b> <b>FL</b> <b>33309</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 7812 MANDARIN DRIVE BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRI, CARLOS J 1900 S OCEAN BLVD LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EQUITY TRUST (CURACAO) N.V. SCARLOOWEG 81 CURACO, NE	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, JEFFREY M 6600 N. ANDREWS AVE., SUITE 275 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRI, CARLOS J 6600 N. ANDREWS AVE., SUITE 275 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, JEFFREY M 6600 N. ANDREWS AVE., SUITE 275 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					