

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 026 ***150.00

DOCUMENT # F93000002240

1. Entity Name
SYLVANIA EXPORT CORPORATION N.V.



Principal Place of Business
**6600 N. ANDREWS AVE
275
FT. LAUDERDALE, FL 33309**

Mailing Address
**6600 N. ANDREWS AVE
275
FT. LAUDERDALE, FL 33309**

60045251



01082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0405576

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**LINDEN, JEFFREY M
6600 N. ANDREWS AVE
275
FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDEN, JEFFREY M	
STREET ADDRESS	6600 N ANDREWS AVE, STE 275	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIETRI, CARLOS J	
STREET ADDRESS	6600 N ANDREWS AVE, STE 275	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	EQUITY TRUST (CURACAO) N.V.	
STREET ADDRESS	SCARLOO'WEG 81	
CITY-ST-ZIP	CURACO, NE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: JEFFREY M. LINDEN, DIRECTOR 4/19/07 (954) 776-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #