2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # G91698

1. Entity Name

SYLYN FINANCIAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
% SIMON H. SCHWADRON 9623 SOUTH HOLLYBROOK LAKE DRIVE PEMBROKE PINES FL 33025 US	9623 S. HOLLYBROOK LAKE DR., SUITE 30 C/O N. SMITH PEMBROKE PINES FL 33025 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2384866 ☐ Applied For ☐ Not Applic...

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

6. Name and Address of Current Registered Agent

SCHWADRON, SIMON H.
9423 SOUTH HOLLYBROOK LAKE DRIVE
PEMBROKE PINES FL 33025

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 acc... the obligations of registered agent.

SIGNATURE ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWADRON, SIMON H. 9623 S HOLLYBROOK LAKE DRIVE APT 304 PEMBROKE PINES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000517083 05/01/06--80029-021 150.00	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatio... 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 direct... 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 1... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S H Schwadron ... S H Schwadron ...