

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90048 017 \*\*\*150.00

DOCUMENT # H08511

1. Entity Name  
SYBILYN INTERNATIONAL, INC.



Principal Place of Business  
C/O LYNETTE SANT  
1900 MERIDIAN AVE., STE. 305  
MIAMI BCH., FL 33139 US

Mailing Address  
C/O LYNETTE SANT  
1900 MERIDIAN AVE., STE. 305  
MIAMI BCH., FL 33139 US



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0074709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMAROO, SYBIL  
1900 MERIDIAN AVE.  
STE. 305  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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	P
NAME	SANT, LYNETTE
STREET ADDRESS	1900 MERIDIAN AVE., #305
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	VPST
NAME	SANT, LYNETTE
STREET ADDRESS	1900 MERIDIAN AVE., #305
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	VP
NAME	SAMAROO, SYBIL
STREET ADDRESS	1900 MERIDIAN AVE. #305
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	ST
NAME	SANT, KENNY
STREET ADDRESS	1900 MERIDIAN AVE. #305
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*LYNETTE SANT*  
LYNETTE SANT (PRESIDENT)

*April 28/07*  
Date  
0561 305 673  
Daytime Phone #

# ATTACHMENT

40096434  
# H08511

Will send copy  
of this with agent's  
signature soon.  
She is away at the  
moment. No changes  
It is the same as  
before. Don't