

2009
**FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H08511

1. Entity Name
SYBILYN INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:26

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



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0074709

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 Sybil Samaroo SYBIL SAMAROO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 4/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

BS/14/05

200155838812
05/12/09--01023--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sant LYNETTE SANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4/05
Date

Daytime Phone #