



2011 Please accept this for 2011 - There are no changes *Sant*  
**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H08511</b> 1. Entity Name <b>SYBILYN INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>670 LYNETTE SANT 1900 MERIDIAN AVE., STE. 305 MIAMI BCH., FL 33139 US</b>	Mailing Address <b>C/O LYNETTE SANT 1900 MERIDIAN AVE., STE. 305 MIAMI BCH., FL 33139 US</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**11 MAY -4 PM 2:14**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01102005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  <b>SAMAROO, SYBIL 1900 MERIDIAN AVE. STE. 305 MIAMI BEACH, FL 33139</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Sant* **SYBIL SAMAROO** DATE *April 4/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SANT, LYNETTE 1900 MERIDIAN AVE., #305 MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST SANT, LYNETTE 1900 MERIDIAN AVE., #305 MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SAMAROO, SYBIL 1900 MERIDIAN AVE. #305 MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SANT, KENNY 1900 MERIDIAN AVE. #305 MIAMI BEACH, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>is 5/5/11</i>

**200207211042**  
**05/04/11--01046--005 \*\*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** DATE *April 4/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR