Please accept for 2012

2012 FOR PROFIT CORPORATION ANNUAL REPORT

12 MAY -4 PM 2:44

DOCUMENT # H08511

1. Entity Name
SYBILYN INTERNATIONAL, INC.

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

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0074709

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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: Samaroo SYBIL SAMAROO April 1st 2008
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 Fee

000234619990
05/08/12--01021--015 **150.00

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 A. DUNLAP