


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H32330</b> 1. Entity Name <b>SYLVESTER CORPORATION</b>	
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Principal Place of Business <b>23125 ADDISON LAKES CIRCLE BOCA RATON, FL 33433 US</b>	Mailing Address <b>23125 ADDISON LAKES CIRCLE BOCA RATON, FL 33433 US</b>
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**DO NOT WRITE IN THIS SPACE**

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2478508</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>COHEN, MARVIN A. 23125 ADDISON LAKES CIR BOCA RATON, FL 33433</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000683885 04/11/07-80054-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COHEN, LOUISE 23125 ADDISON LAKES CIR BOCA RATON, FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COHEN, MARVIN A. 23125 ADDISON LAKES CIR BOCA RATON, FL 33433</b>
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**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:** *Marvin A. Cohen* **Marvin A. Cohen** 4/2/07 561-482-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #