


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J93245 1. Entity Name SYBS, INC.	
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Principal Place of Business 57 C EASTGATE DR BOYNTON BEACH, FL 33436 US	Mailing Address 57 C EASTGATE DR BOYNTON BEACH, FL 33436 US
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0010454	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent SANDERS, SYBIL E. 57C EASTGATE DR BOYNTON BCH, FL 33436
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**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, SYBIL E. 57C EASTGATE DR BOYNTON BCH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRESTEIN, ELLEN 23 BRAINARD RD WEST HARTFORD, CT 06117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, JONATHAN 130 E 72ND ST. APT. 4 NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000417376
02/13/06-80050-013 150.00

**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: *Sybil E. Sanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30, 2006 *(561) 364-7424*
DATE Daytime Phone #