

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L17784

1. Entity Name
SULYN INDUSTRIES, INC.



Principal Place of Business
11927 WEST SAMPLE RD
C/O LINDA DICKENS
CORAL SPRINGS, FL 33071

Mailing Address
11927 WEST SAMPLE RD
C/O LINDA DICKENS
CORAL SPRINGS, FL 33071



06222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2574657	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

LAPIDUS, SUSAN
320 TORCHWOOD AVE
PLANTATION, FL 33324

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, LUCILLE
STREET ADDRESS	11927 W SAMPLE RD
CITY- ST- ZIP	CORAL SPRINGS, FL

TITLE	D
NAME	COHEN, HOWARD
STREET ADDRESS	11927 W SAMPLE RD
CITY- ST- ZIP	CORAL SPRINGS, FL

TITLE	D
NAME	LAPIDUS, SUSAN
STREET ADDRESS	320 TORCHWOOD AVE
CITY- ST- ZIP	PLANTATION, FL 33324

TITLE	D
NAME	DICKENS, LINDA
STREET ADDRESS	6711 YELLOW STONE LANE
CITY- ST- ZIP	PARKLAND, FL 33067

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Lapidus

6/25/07

Date

954-755-2311

Daytime Phone #