


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90345 028 ****61.25

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1. Entity Name
 THE SYLVIA FOUNDATION, INC.



Principal Place of Business
 7789 CHARNEY LANE
 BOCA RATON, FL 33496

Mailing Address
 7789 CHARNEY LANE
 BOCA RATON, FL 33496

50038685



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 20-0330436

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABACK, IVAN I. ESQ.
 PROSKAUER ROSE LLP
 2244 GLADES ROAD ONE BOCA PL STE 340
 BOCA RATON, FL 33431-7383

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME ITZLER, DANIEL
 STREET ADDRESS 7789 CHARNEY LANE
 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ITZLER, PETER
 STREET ADDRESS 920 S.E. EIGHTH STREET
 CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DRUCKER, JANNA
 STREET ADDRESS 5029 N.W. 107TH AVENUE
 CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME LIBERMAN, JILL
 STREET ADDRESS 1220 PARKSIDE AVENUE
 CITY-ST-ZIP BOCA RATON, FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: Daniel Itzler DANIEL ITZLER 4/14/05 561 479-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #