


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90094 019 \*\*\*\*61.25

DOCUMENT # N03000009238 1. Entity Name THE SYLVIA FOUNDATION, INC.	
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Principal Place of Business 7789 CHARNEY LANE BOCA RATON, FL 33496	Mailing Address 7789 CHARNEY LANE BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0330436	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

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

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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 \_\_\_\_\_ 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, 2006**

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	D ITZLER, DANIEL 7789 CHARNEY LANE BOCA RATON, FL 33496 (PL)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITZLER, PETER 920 S.E. EIGHTH STREET FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, JANNA 5029 N.W. 107TH AVENUE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERMAN, JILL 1220 PARKSIDE AVENUE BOCA RATON, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 Pres. 2/16/06 561 479-1897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #