


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

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



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0330436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITZLER, DANIEL 7789 CHARNEY LANE BOCA RATON, FL 33496
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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03/26/08-80089-013 61.25

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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** 3/06/08 521 477 1897
SIGNATURE AND TYPED OR PRINTED NAME OF 3 Date Daytime Phone #