2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052173

1. Entity Name
SYLVIA PROPERTIES, INC.

50026611

Principal Place of Business	Mailing Address
PO Box 121535	P.O. Box 121535
MELBOURNE FL 32912-1535	MELBOURNE FL. 32912-1535

01272005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-3649116		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, FERNANDO
5609 CRANE ROAD
MELBOURNE VILLAGE, FL 32904

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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 _____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTIZ, FERNANDO
STREET ADDRESS	5609 CRANE ROAD
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: _____ Fernando Ortiz   03/07/05   321-508-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #