## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE: >

## Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # P00000070777 1. Entity Name 02-17-2004 90002 022 \*\*\*150.00 SYLMAN CORPORATION Principal Place of Business Mailing Address 13770 SW 17TH TERRACE 13770 SW 17TH TERRACE MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 10750 S.W. 138 BVE 107505.W. 128 BYE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1064889 MIRM MIRM Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANUEL, MARTINEZ-SOHR Street Address (P.O. Box Number is Not Acceptable) 13770 SW 17TH TERRACE MIAMI FL 33175 128 AVE Zip Code 33\86 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTVD TITLE ☐ Delete TITLE Change ☐ Addition MARTINEZ-SOHR, MANUEL NAME NAME 10750 S.W. 128AYE 13770 SW 17TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP MIAMI, FL 33186 TITLE ☐ Change M Addition ☐ Delete TITLE SOHR SYLVIA P. NAME NAME 10750 S.W. 128 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRMI, FL 33186 Addition TITLE ☐ Delete TITLE Change MARTINEZ-SOHR IVAN NAME IONTO S.W. 128 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED