2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2007 8:00 am Secretary of State DOCUMENT # P00000070777 1. Entity Name 05-01-2007 90022 024 ***150.00 SYLMAN CORPORATION Principal Place of Business Mailing Address 10750 SW 128 AVE. 10750 SW 128 AVE. **MIAMI FL 33186** MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1064889 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULVIA. P. SOHR MANUEL, MARTINEZ-SOHR Street Address (P.O. Box Number is Not Acceptable) 10750 SW 128 AVE. **MIAMI FL 33186** Zip Code 33 \8 6 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. Sgnatire, typed or printed name of registered agent and little if applicable - Sylvia P. SOHR-President FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE P D TITLE 🔀 Delete MARTINEZ-SOHR, MANUEL SOHR, SYLVIA P NAME NAME 10750 SW 128 AVE. 10750 5, w 128 ave. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-ZIP MARTINEZ-SOHR, MANUE Change VD TITLE TITLE Delete SOHR, SYLVIA P NAME NAME 10750 SW 128 AVE. STREET ADDRESS 10750 SW 128 are STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP miami. FL 33186 CITY-ST-ZIP TITLE TSD ☐ Delete ШЩ □ Спапде ☐ Addition MARTINEZ-SOHR, IVAN NAME 10750 SW 128 AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-S1-ZIP CITY-SI-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TITLE Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

FILED