

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000103171

1. Entity Name
SYLRO'S CORP.



**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90988 008 ***150.00

Principal Place of Business
31 SW 62ND COURT
MIAMI, FL 33144

Mailing Address
5571 SW 4TH ST.
REAR
MIAMI, FL 33134

2. Principal Place of Business
9884 Downey Hill St

3. Mailing Address
9884 Downey Hill St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State
Orlando FL

4. FEI Number
65-1147189

Applied For
Not Applicable

Zip
32825

Country
USA

Zip
32825

Country
USA

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, SYLVIA
31 SW 62ND COURT
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
SANCHEZ, SYLVIA

Street Address (P.O. Box Number is Not Acceptable)

9884 Downey Hill St.

City
Orlando

FL
Zip Code
32825

8. The above named entity submitted 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

SANCHEZ, SYLVIA

04-26-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RODRIGUEZ, RODOLFO
5571 SW 4TH ST. REAR
MIAMI, FL 33134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RODRIGUEZ, RODOLFO
9884 Downey Hill St
Orlando FL 32825

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
SANCHEZ, SYLVIA
5571 SW 4TH ST. REAR
MIAMI, FL 33134

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
SANCHEZ, SYLVIA
9884 Downey Hill St
Orlando FL 32825

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PEREZ, ENRIQUE
70 NORTH WEST BLVD
MIAMI, FL 33126

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change
 Addition

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-05 (407)482-3959

Date

Daytime Phone #