

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000040409

1. Entity Name
SUBSYL CORP.



Principal Place of Business
**10750 SW 128 AVE.
MIAMI FL 33186**

Mailing Address
**10750 SW 128 AVE.
MIAMI FL 33186**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03-0427664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOHR, SYLVIA P
10750 SW 128 AVE.
MIAMI FL 33186**

Name

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

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDSO
SOHR, SYLVIA P
10750 SW 128 AVE.
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000278181
03/28/05-80018-006 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MARTINEZ-SOHR, MANUEL
10750 SW 128 AVE.
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MARTINEZ-SOHR, IVAN
10750 SW 128 AVE.
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
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Change ☐ Addition

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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)(f), 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:

Sylvia P. Sohr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05 305-3860508

Date

Daytime Phone #