

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P03000020603

1. Entity Name

CYSCO HOLDINGS, INC.



Principal Place of Business

3521 NORTH 32ND TERRACE
HOLLYWOOD, FL 33021

Mailing Address

3521 NORTH 32ND TERRACE
HOLLYWOOD, FL 33021

04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3769402

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GLAZER, SCOTT
3521 NORTH 32 TERRACE
HOLLYWOOD, FL 33021DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GLAZER, I. SCOTT
STREET ADDRESS	3521 NORTH 32ND TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	DVP
NAME	BERNSTEIN, CYNTHIA
STREET ADDRESS	3521 NORTH 32ND TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08
Date954-794-8777
Daytime Phone #