2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/1/2007-90035-001-\$150.00-\$150.00

FILED

7 OCT 26 AM 9: 02

Principal Place of Business

DOCUMENT # P04000108503

SYLVIA INTERNATIONAL INC.

Mailing Address

617 NORTH MAGNOLIA ORLANDO, FL 32801

1. Entity Name

617 NORTH MAGNOLIA ORLANDO, FL 32801

COLLINIA OF STATE LUAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE



34-2003210

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Digital a Flore #

6. Name and Address of Current Registered Agent

MICHAEL, GARY 617 NORTH MAGNOLIA ORLANDO, FL 32801

DO NOT WRITE **JIN 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. Tarn tarnifiar with, and accept the obligations of registered agent. SIGNATURE Sharping the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tarn tarnifiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn tarnifiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn tarnifiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn tarnifiar with, and accept the obligations of registered agent, or both, in the State of Florida.						
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 Find Representation of the Property of				\$5.00 May Added to Fee	y Be	
10. OFFICERS AND DIRECTORS						
TITLE MAME STREET ADDRESS CITY-S1-ZIP	PSTD MICHAEL, GARY 617 NORTH MAGNOLIA ORLANDO, FL 32801					
HAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP	ESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	. 1	N THIS SPACE	
TITLE HAME STREET ADDRESS CITY S1-ZiP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· •.	ß	<u></u>	3	
12. Thereby certify that the information supplied with the hind does not qualify for the examptions 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 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 chapter 60 on an attachment with an address, with all other like empowered.						

SYLVIA INTERNATIONAL INC.

671 N. Magnolia, Orlando, Florida 32801 • Phone 407-936-2400 • Fax 407-936-2401

October 23, 2007

Jeraline Saulsberry Florida Department of State Divisions of Corporations P.O. 6327 Tallahassee, Florida 32314

Dear Ms. Saulsberry

As per our discussion on October 23 I'm writing this letter to ask you to wave the penalty that was noted on the attached letter.

I did not receive any notification prior to the application date, and ask that you take this into consideration in your decision.

Thank You for your time and effort.

Sincerely

Jan Michael Gary Michael, Pres.