## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000083264

Entity Name: SYMS PROPERTIES, INC.

FILED May 23, 2007 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
840 E WAS ORLANDO	SHINGTON ST , FL 32801					
Current Mailing Address:			New Maili	New Mailing Address:		
840 E WAS ORLANDO	SHINGTON ST , FL 32801					
FEI Number:	20-3270729	FEI Number Applied For ( ) FEI N	lumber Not App	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SALGUERO, MERCEDES 840 E WASHINGTON ST ORLANDO, FL 32801 US  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.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () I SALGUERO, ME 840 E WASHING ORLANDO, FL 3	STON ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () I MCCLURE, SAM 828 E WASHING ORLANDO, FL 3	STON ST	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition MCCLURE, SAM 828 E WASHINGTON ST ORLANDO, FL 32801		
Title: Name: Address: City-St-Zip:	D () I ABARAY, SCOT 3805 S SUMMER ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition ABARAY, SCOT 3805 S SUMMERLIN AVE ORLANDO, FL 32806		
Title: Name: Address: City-St-Zip:	DVTS () I SALGUERO-ABA 3805 S SUMMER ORLANDO, FL 3	RLIN AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DVP ( ) Change (X) Addition COLE, DOLORES 5145 ANDREA BOULEVARD ORLANDO, FL 32807		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DVP ( ) Change (X) Addition COLE, PHILLIP 5145 ANDREA BOULEVARD ORLANDO, FL 32807		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOT ABARAY DVP 05/23/2007