


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State


DOCUMENT # P06000135416

1. Entity Name
 SYLVIA'S CATERING, INC.



Principal Place of Business 780 1ST COURT PALM HARBOR, FL 34684 US	Mailing Address 780 1ST COURT PALM HARBOR, FL 34684 US
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5766610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYLVIA, COHEN
 780 1ST COURT
 PALM HARBOR, FL 34684

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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  Sylvia Cohen DATE 3/17/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME COHEN, SYLVIA	STREET ADDRESS 780 1ST COURT	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

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 04/16/08-80055-006 150.00

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 my address, with all other like empowered.

SIGNATURE:  Sylvia Cohen DATE 3/17/08 (727) 781-1291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR