


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90026 048 \*\*\*150.00

<b>DOCUMENT # P07000088439</b> 1. Entity Name SY'S SUPPLIES MANAGEMENT GROUP, INC.																							
Principal Place of Business 1489 N. MILITARY TRAIL SUITE 114 WEST PALM BEACH, FL 33409			Mailing Address 1489 N. MILITARY TRAIL SUITE 114 WEST PALM BEACH, FL 33409																				
2. Principal Place of Business - No P.O. Box # <b>235 N. Jog Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>235 N. Jog Road</b> Suite, Apt. #, etc.																					
City & State <b>West Palm Beach FL</b> Zip <b>33413</b>		City & State <b>West Palm Beach FL</b> Zip <b>33413</b>		4. FEI Number <b>14-2005775</b> Applied For <input type="checkbox"/> Not Applicable																			
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent  MCGOWAN, JAMES G 1489 N. MILITARY TRAIL WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name <b>Siegel, William R ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>970 Greenberg Terrace, P.A.</b> <b>1001 Brickell Avenue</b> City <b>Miami</b> FL Zip Code <b>33131</b>																				
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 <u><i>Sheplebaum</i></u> DATE <u><i>4/11/08</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>President, Sec &amp; Treas</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Seymour Applebaum</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>235 N. Jog Road</b></td> </tr> <tr> <td></td> <td><b>West Palm Beach FL 33413</b></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	<b>President, Sec &amp; Treas</b>	STREET ADDRESS	<b>Seymour Applebaum</b>	CITY - ST - ZIP	<b>235 N. Jog Road</b>		<b>West Palm Beach FL 33413</b>
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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: *Sheplebaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #