## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # P26002  1. Entity Name SYBRA, INC.					04-26-2005 90151 012 ***1:					0.00
Principal Plac	e of Business	Mailing Address			4000 (000					
1000 CORPC	RATE DR	1000 CORPORATE DR								
STE 250	DDMC EL 22224	STE 250								
FURT LAUDE	RDALE, FL 33334	FORT LAUDERDALE, FL 33334					HTER WINE WYNE KREID EINE		IN BURN THE RUG	
2. Principal P	lace of Business	3. Mailing Address			_					
						1 14511451 (14		BION CIBIT BIC	133 G1211 E1G11 E1E3	1961    1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0	04192005	Chg-P	CR2EC	34 (10/03)	
City & State	e	City & State		4.	l			plied For t Applicable		
Zip	Country	Zip Cour		try	5		of Status Desired		\$8.75 Add	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent				Name						
CORPORATION SERVICE COMPANY				Etract Addrson (D.O. Boy Nymbor is Not Apportable)						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301-2323										
					City FL Zip Code					
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. (INOTE: Registered Agent signature required when reinstating)  DATE  Output  Date										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ncing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND [	DIRECTORS	11.			ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	PCEO	E COLO							Change	☐ Addition
NAME STREET ADDRESS	BENHAM, DOUGLAS N 1000 CORPORATE DR., STE. 25	n	NAMI	E Et address						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP						
TITLE			TITLE						☐ Change	Addition
NAME			NAMI						onlings	
STREET ADDRESS	1000 CORPORATE DR		STRE	ET ADDRESS						
CITY-ST-ZIP	7 67(1 5 16 5 5 17 15 16 17 15 17 17 17 17 17 17 17 17 17 17 17 17 17		CITY	-ST-ZIP						
TITLE	#= \$5.00		TITLE	I	SVP C					X Addition
NAME STREET ADDRESS			NAMi			HRICH, TODD				
CITY-ST-ZIP				-ST-ZIP	1000 <sub>T</sub>	CORPORATE DR., SUITE 250 LAUDERDALE, FL 33334				
DILE	VPAS	☐ Delete	TITLE		<u> </u>	ZIODEIOZ	<u> </u>	1334	☐ Change	☐ Addition
NAME	BRAMS, JEFFREY B		NAM	ŧ					_ •	_
STREET ADDRESS	1000 CORPORATE DR., STE 250	)		ET ADDRESS						
CITY-ST•ZIP	FORT LAUDERDALE, FL 33334		_	-ST-ZIP						
TIFLE	SVPD CHARRELL EDWARD	☐ Delete	THTLE						☐ Change	Addition
NAME STREET ADDRESS	CHAPPELL, EDWARD 1000 CORPORATE DR		NAMI STRE	E Et address						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		1	-ST-ZIP						
DILE	VP	☐ Delete	TITLE						Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 of protee 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

CROWE, ROBERT J

STREET ADDRESS 280 PARK AVENUE, 24TH FLOOR

NEW YORK, NY 10017

NAME

CITY-ST-ZIP

Robert J. Crowe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP-Taxes** 

4/19/05

212-451-3115

Date

Daytime Phone #