

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000012647

1. Entity Name
SYDTEL CORP.



Principal Place of Business
**1835 E HALLANDALE BCH BLVD
#147
HALLANDALE FL 33009
US**

Mailing Address
**1835 E HALLANDALE BCH BLVD
#147
HALLANDALE FL 33009
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number
65-0387830

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHEALT, FRANCOIS
1511 STILLWATER DRIVE
MIAMI BEACH FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PDT
RHEALT, FRANK
1511 STILLWATER DRIVE
MIAMI BEACH FL 33141**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

**U000000067557
02/27/04-80005-011 150.00**

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CITY - ST - ZIP

**V
GONZALEZ, PEDRO
8870 CARRIBEAN BLVD
CUTLER RIDGE FL 33157**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK RHEALT

02-15-04

Date

Daytime Phone #