


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000017921</b> 1. Entity Name SYLVIA'S SENIOR HOME, INC.	
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Principal Place of Business 23025 SW 120TH AVE MIAMI, FL 33170	Mailing Address 23025 SW 120TH AVE MIAMI, FL 33170
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0666868	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARRISON, DON 1950 SW 106TH AVE. MIRAMAR, FL 33025
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A FLOYD, SYLVIA 9755 CUTLER RIDGE DRIVE MIAMI, FL 33157
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U000000341260  
04/29/05-80008-016 150.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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