

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90002 020 \*\*\*158.75

**DOCUMENT # P97000067593**

1. Entity Name

SY-LO ENTERPRISES, CORP.



Principal Place of Business

900 SOUTH DED HWY., STE B  
HOLLYWOOD FL 33020  
US

Mailing Address

~~900 SOUTH DED HWY., STE B~~  
~~HOLLYWOOD FL 33020~~  
~~US~~

*check to Mr*

2. Principal Place of Business

3. Mailing Address

1700 E Las Olas Blvd, #11

Suite, Apt. #, etc.

PH-2

City & State

ft. Lauderdale, FL

Zip

33301

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0772771

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

GALLOWAY, AMY ESQ  
DUKE, MULLIN & GALLOWAY, P.A.  
1700 EAST LAS OLAS BLVD., PH-1  
FT LAUDERDALE FL 33301

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

*Amy T. D-118*

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 10, 2004

**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	D	<input type="checkbox"/> Delete
NAME	LOPEZ, EMMA M	
STREET ADDRESS	900 SOUTH DED HWY., STE B	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIAM-ECK, ELDRYS	
STREET ADDRESS	900 SOUTH DED HWY., STE B	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*2/10/2004 934 925-7647*

Date

Daytime Phone #