2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # S26972 02-06-2008 90035 038 ***150.00 1. Entity Name SYLBUR, INC. Principal Place of Business Matting Address 66006338 8490 CYPRESS GLEN CT. LAKE WORTH FL 33467 8490 CYPRESS GLEN CT. LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Saite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEl Number Applied For 65-0236873 Not Applicable Country Country Zη $Z_{1}D$ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUDWIN, BURTON W 8490 CYPRESS GLEN CT Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33487 croose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named artity submits this statement for the the obligations of distered acc SIGNATURE INC/FE. Registrion ingeral equiniture required whom reminder gi ----- FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dege Dege TITLE TITLE ☐ Change ☐ Addition MARIE **GUDWIN, SYLVIA** MALLE STREET ADDRECS 8490 CYPRESS GLEN CT STREET ADDRESS LAKE WORTH FL City-St-ZP CITY ST-28 TITLE □ Datete Change ☐ Addition GUDWIN, BURTON MARKET 11445 STREET ADDRESS 8490 CYPRESS GLEN CT STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-SI-2IP De ete mr mr Change Addition HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIE Do'etr វាវា រ ☐ Change Addition NAME HAME STREET ADORESS STREET MODRESS 0117-51-212 CHY-SI-ZIP Delete TITLE THE Change ■ Addition HAME HAME STREET ADDRESS STREET ADDRESS CHY-ST-715 CITY-S1-74P TITLE ☐ Delate TITLE Change Accition NAME HAPAF STREET ADDRESS STREET ADDRESS CITY-ST-762 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutés. I further certify that the information indicated on this report or supplymental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emplowered to execute this export as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11. of the corporation or the receif if changed, or an an attaching SIGNATURE: Designs France

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