



# 2006 FORM FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90428 009 \*\*\*150.00

<b>DOCUMENT # S33798</b> 1. Entity Name <b>TONY SYLVESTER'S ABC OF BARTENDING, INC.</b>					
Principal Place of Business <b>3419 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>3419 N. DIXIE HIGHWAY FT. LAUDERDALE, FL 33334</b>		
2. Principal Office Address Suite, Apt., etc.			3. Mailing Address Suite, Apt., etc.		
City & State			City & State		
Zip		City		Zip	
Country		4. FEI Number <b>65-0261432</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04112006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>SYLVESTER PAREN 1854 NW 106TH AVE FORT LAUDERDALE FL 33322</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. The above information is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the responsibility for, the accuracy of the information furnished.					
SIGNATURE OF _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <b>SYLVESTER, ANTHONY J. 3419 N. DIXIE HWY FT. LAUDERDALE, FL 33334</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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; and that I am 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.					
<b>SIGNATURE:</b> 			Date <b>4/19/06</b> Daytime Phone # <b>954-5660183</b>		