2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 735325 ONSTRUCTIONIST SYNA	GOGUE, INC.			3-08-2004 9	0028 019 ****6	1.25	
Principal Place 11301 WEST PLANTATION	BROWARD BLVD	Mailing Address 11301 WEST BROWARD PLANTATION, FL 33325	301 WEST BROWARD BLVD		94025982			
2 Principal B	llogs of Dunings	3. Mailing Address	<u></u>					
2. Principal Place of Business					MITAM ICEIM MARMI MITE RII	MIJ MINCI MYNII NYMII MINJI BINII		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 CI	ng-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-168988	9		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Add		istered Agent	.•	
BERKMAN	I, NORMA CPA		Name 5	an Catalfu	(MO, ÉX	ecutive Dir	ector	
ONE FINANCIAL PLAZA STE 2100			Street Address (P.O. Box Number is Not Acceptable) 11301 West Browning Boulevard					
F1. LAUDE	ERDALE, FL 33394				Tá Contr	dar G		
			City	11		FL Zip Code	2	
8. The above	named entity submits this statement for	or the ourpose of changing its	registered office or res	ntction,	the State of Floric		and accept	
	tions of registered agent.		,					
	Ta Catalyn	- 00. Free white	Director		3,	/3/04		
SIGNATURE.						, ,		
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	: Registered Agent signature re	equired when reinstating)		DATE		
	Signature, lyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004		paign Financing	\$5.00 May Be Added to Fees		DATE Ke check payable to a Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Cam Trust Fund Cam RECTORS	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida	re check payable to	ate	
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

SWATURE AND TYPED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR