

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000154347

Entity Name: SYMMETRIK INC.

FILED
Nov 28, 2007
Secretary of State

Current Principal Place of Business:

4907 NE 9 AVE
OFFICE B
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1909 PLAYERS PL
N.LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 76-0806820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEPEDA, JOSE R SR
1909 PLAYERS PL
N.LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CEPEDA, JOSE R
Address: 1909 PLAYERS PL
City-St-Zip: N.LAUDERDALE, FL 33068

Title: S () Delete
Name: CEPEDA, CARLOS
Address: 1909 PLAYERS PL
City-St-Zip: N.LAUDERDALE, FL 33068

Title: S (X) Delete
Name: DELMONTE, ARMELIO
Address: 50 MENORES AVE APT. 523
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE CEPEDA

DIR

11/28/2007

Electronic Signature of Signing Officer or Director

Date