


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-23-2005 90036 002 ***150.00

DOCUMENT # P97000100757

1. Entity Name
SYNERGY DEVELOPMENT CONSULTING, INC.



Principal Place of Business
16855 NE 2 AVENUE SUITE 305 NORTH MIAMI BEACH FL 33162-1744

Mailing Address
16855 NE 2 AVENUE SUITE 305 NORTH MIAMI BEACH FL 33162-1744

66010447



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City
SYNERGY DEVELOPMENT 11510 INTERCHANGE CIR. N. MIRAMAR, FL 33025

City
SYNERGY DEVELOPMENT 11510 INTERCHANGE CIR. N. MIRAMAR, FL 33025

4. FEI Number
65-0798677

Applied For
 Not Applicable

Zip
MIRAMAR, FL 33025

Zip
MIRAMAR, FL 33025

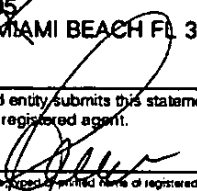
Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MEDINA, ANDREW
 16855 NE 2ND AVE SUITE 305
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent
 Name **Medina, Andrew**
 Street Address (P.O. Box Number is Not Acceptable) **11510 Interchange Circle North**
 City **Miramar** FL Zip Code **33025**

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  DATE **3/17/05**

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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**

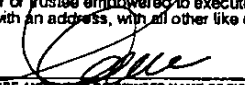
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MEDINA, ANDREW	16855 NE 2ND AVE. STE. 305	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> President
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Medina, Andrew	11510 Interchange Circle North	Miramar, FL 33025	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President - Andrew Medina** 4/14/05 305-652-5699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #