AMENDED

04-24-2003 90213 035 ****61.25
FILED P98000028014

03 MAY -6 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028014

1. Entity Name

SYNERGIE HOLDINGS LIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
415 CHESTNET	15022 PASO DEL SOL
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: CARLSBAD CA	City & State: DEL MAR CA
Zip: 92008 Country: USA	Zip: 92014-4117 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 911853701 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: EDWARD COHEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable):

54 SW BOCA RATON BLVD

City: BOCA RATON FL Zip Code: 33432-4708

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	Director, President Robert L. Parker 415 Chestnut, #C, Carlsbad CA 92008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Secretary/Treasurer N. Munro Merrick 15022 Paso del Sol, Del Mar Ca 92014-4117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael N. Brette, Director 15022 Paso del Sol Del Mar CA 92014-4117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	———
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	———

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: N. Munro Merrick N. Munro Merrick Apr 15, 2003 858-755-4485

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