

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002298

**Entity Name:** SYNDICATED SERVICES, INC.

**Current Principal Place of Business:**

55 INLET HARBOR ROAD  
SUITE 223, BOX 8  
PONCE INLET, FL 32127

**Current Mailing Address:**

55 INLET HARBOR ROAD  
SUITE 223, BOX 8  
PONCE INLET, FL 32127 US

**FEI Number:** 45-1345882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BELL, TRACY  
55 INLET HARBOR ROAD  
SUITE 223, BOX 8  
PONCE INLET, FL 32127 US

*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:** TRACY BELL

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BELL, TRACY  
Address        55 INLET HARBOR ROAD  
                  SUITE 223, BOX 8  
City-State-Zip: PONCE INLET FL 32127

Title            SECRETARY, TREASURER  
Name            BELL, TRACY  
Address        55 INLET HARBOR ROAD  
                  SUITE 223, BOX 8  
City-State-Zip: PONCE INLET FL 32127

Title            VP  
Name            TAGLIA, JAMES  
Address        625 SABAL LAKE DRIVE #107  
City-State-Zip: LONGWOOD FL 32779

Title            CEO, DIRECTOR  
Name            BELL, DAVID  
Address        55 INLET HARBOR ROAD  
                  SUITE 223, BOX 8  
City-State-Zip: PONCE INLET FL 32127

*I hereby 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 all other like empowered.*

**SIGNATURE:** TRACY BELL

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date