

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90341 042 \*\*\*\*61.25

**DOCUMENT # 754859**

1. Entity Name

CYNPOZIUM, INC.



Principal Place of Business

503 SABAL PALM DR.  
LAKE PARK FL 33403  
US

Mailing Address

503 SABAL PALM DR.  
LAKE PARK FL 33403  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number  
59-2116577

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGULIS, STEPHEN  
10747 N.E. 26TH STREET  
SUNRISE FL 33322

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GREY, CYNTHIA  
STREET ADDRESS 257 CYPRESS PT DR  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE PD ☒ Change ☐ Addition  
NAME 503 Sabal Palm Dr.  
STREET ADDRESS Lake Park, Fl. 33403  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME POZZOBONI, YOLANDA M.  
STREET ADDRESS 257 CYPRESS PT DR  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME GROWE, JACK  
STREET ADDRESS 257 CYPRESS PT DR  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

TITLE STD ☒ Change ☐ Addition  
NAME Brown Clark Trudy  
STREET ADDRESS 509 Sabal Palm Dr.  
CITY-ST-ZIP Lake Park, Fl 33403

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 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: *Cynthia Grey* CYNTHIA GREY

4-19-05

561-863-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #