

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754859

FILED
Apr 09, 2009
Secretary of State

Entity Name: CYNPOZIUM, INC.

Current Principal Place of Business:

503 SABAL PALM DR.
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

503 SABAL PALM DR.
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 59-2116577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGULIS, STEPHEN
10747 N.E. 26TH STREET
SUNRISE, FL 33322 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: PD () Delete
Name: GREY, CYNTHIA
Address: 503 SABAL PALM DR
City-St-Zip: LAKE PARK, FL 33403 US

Title: VD () Delete
Name: POZZOBONI, YOLANDA M
Address: 257 CYPRESS PT DR
City-St-Zip: PALM BCH GARDENS, FL 33418 US

Title: STD () Delete
Name: BROWN CLARK, TRUDY
Address: 509 SABAL PALM DR
City-St-Zip: WEST PALM BEACH, FL 33403 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA GREY

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date