2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002089

GETRAER, STEVEN

5360 NORTHWEST 35TH AVENUE

FT LAUDERDALE, FL 33309

Name:

Address:

City-St-Zip:

FILED Jun 29, 2009 Secretary of State

Entity Nar	me: SYNOVI	CS PHARMACEUTICALS, IN	C.				
Current Principal Place of Business:				New Principal Place of Business:			
	THWEST 35T RDALE, FL 3						
Current M	ailing Addre	Nev	New Mailing Address:				
	THWEST 35T RDALE, FL 3						
FEI Number:	86-0760991	FEI Number Applied For ()	FEI Number	Not Applic	able ()	Certificate of Status Desi	red()
Name and	Address of (Naı	Name and Address of New Registered Agent:				
1151 N FT #12D FT LAUDE The above in the State	RDALE, FL 3 named entity e of Florida.	E BEACH BLVD	e purpose of cha	anging its	registered	office or registered agen	t, or both,
SIGNATUR		nic Signature of Registered A	gont			 Date	
In accordance		93(2)(b), F.S., the corporation did	•	ior notice		Date	
		g Trust Fund Contribution ().	not receive the pi	ioi riotice.			
OFFICERS	S AND DIREC	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	LANE, RONAL	VEST 35TH AVENUE			() Change () Addition	
Title: Name: Address: City-St-Zip:	LANE, RONAL	VEST 35TH AVENUE		ie: 'ess:	GANGE, JYO 5360 NORTH	X) Change()Addition TINDRA R WEST 35TH AVENUE IALE, FL 33309	
Title: Name: Address: City-St-Zip:	SAPTE, VINAY	VEST 35TH AVENUE			() Change () Addition	
Title: Name: Address: City-St-Zip:	GETRAER, ST	VEST 35TH AVENUE		ie: ress: :	DESAI, MANN 5360 NORTH	X) Change () Addition IY WEST 35TH AVENUE ALE, FL 33309	
Title:	CFO () Delete	Title	: '	CFO (X) Change ()Addition	

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

Name:

Address:

City-St-Zip:

DESAI, MANNY

5360 NORTHWEST 35TH AVENUE

FT LAUDERDALE, FL 33309

SIGNATURE: MANNY DESAI **CFO** 06/29/2009