

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83263

(9)

1. Corporation Name

SYNERGY FINANCIAL GROUP, INC.

Principal Place of Business

509 N.W. 108TH TERR.
PEMBROKE PINES FL 33026
US

Mailing Address

11214 PINES BLVD.
SUITE 233
PEMBROKE PINES FL 33026
US

APPROVED
AND
FILED

95 JAN 11 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001385852
-01/20/95--01080--004

*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/25/1989

3a. Date of Last Report
02/03/1994

4. FEI Number
65-0123323

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JORGE E.
11214 PINES BLVD.
SUITE 233
PEMBROKE PINES FL 33026

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME GONZALEZ, JORGE E
STREET ADDRESS 11214 PINES BLVD., SUITE 233
CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD
NAME GONZALEZ, JORGE E.
STREET ADDRESS 11214 PINES BLVD., SUITE 233
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
200001385852
-01/20/95--01080--005
****200.00 ****200.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this Annual Report or Supplemental Annual 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 person authorized or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JORGE E. GONZALEZ, PRES.

01/13/95 (305) 435-9005