

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90014 039 ***150.00

DOCUMENT # M80044

1. Entity Name

SYNTHESIS INSTITUTE OF MIAMI, INC.



Principal Place of Business

6851 S.W. 128TH STREET
PINECREST FL 33156

Mailing Address

6851 S.W. 128TH STREET
PINECREST FL 33156

40006998



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

6851 SW 128 STREET FL 33156

3. Mailing Address

6851 SW 128 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINECREST FLORIDA

City & State

PINECREST, FLORIDA

Zip

33156

Country

Zip

33156

Country

4. FEI Number

65-0123218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDO, D.D.
6851 SW 128 ST
PINECREST FL 33156

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ORLANDO, POLDI
STREET ADDRESS 6851 SW 128 ST
CITY- ST- ZIP PINECREST FL 33156

TITLE VP ☐ Delete
NAME ORLANDO, DAN
STREET ADDRESS 6851 SW 128TH STREET
CITY- ST- ZIP PINECREST FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 119.07(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 607, 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:

Poldi Orlando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 2005 305-235-7282
Date Daytime Phone #