## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P00000035313

**FILED** Apr 29, 2008 08:00 AN Secretary of State

SYNERGY ACQUISITIONS CORP.

Principal Place of Business **790 SUMMA AVENUE** WESTBURY, NY 11590

Mailing Address

790 SUMMA AVENUE WESTBURY, NY 11590



## DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 58-2584993 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and hite in	f acquicable (NOTE: Registered	Acent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000931449 
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JAFFER, SADIQUE 790 SUMMA AVENUE WESTBURY, NY 11590				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAFFER, MAHAMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this jiling does not qualify for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08

407-649- 9888