

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000117012

Entity Name: SINERGY, INC.

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20517 S.W. 2ND STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 297424  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-1068485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGAROLAS, MAURICIO ESQ.  
815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES, FL 331343007 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOMEZ, ANITA  
Address: 20517 S.W. 2ND. ST.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP  
Name: HERNANDEZ, PAULA A  
Address: 20809 N.W. 17TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: ANITA GOMEZ

P

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date