


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90015 033 ***150.00

DOCUMENT # P01000051200 1. Entity Name SYNERGETIC SYSTEMS, INC.					
Principal Place of Business 2132 TIGERTAIL AVENUE COCONUT GROVE, FL 33133			Mailing Address 2132 TIGERTAIL AVENUE COCONUT GROVE, FL 33133		
2. Principal Place of Business 60 CASUARINA CON.		3. Mailing Address 60 CASUARINA CON.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables, Florida		City & State Coral Gables, Florida		4. FEI Number 61-1407831	
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE BALTODANO, SONIA C 2132 TIGERTRAIL AVENUE COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 60 CASUARINA CONCOURSE City Coral Gables FL Zip Code 33143		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANIO, HORTENSIA 2132 TIGERTAIL AVENUE COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 CASUARINA CONCOURSE Coral Gables, Florida 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BALTODANO, SONIA 2132 TIGERTAIL AVENUE COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60 CASUARINA CONCOURSE Coral Gables, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLANCO, MARIA E 2132 TIGERTAIL AVE COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60 CASUARINA CONCOURSE Coral Gables, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Maria E Blanco</u> <u>MORIA E. Blanco</u> <u>3/28/04</u> <u>613-4372</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					