

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90096 003 ***150.00

DOCUMENT # P01000051200

1. Entity Name
SYNERGETIC SYSTEMS, INC.



Principal Place of Business
**PO BOX 330398
COCONUT GROVE, FL 33233**

Mailing Address
**PO BOX 330398
COCONUT GROVE, FL 33233**

DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1407831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE BALDODANO, SONIA C
60 CASUARINA CONOURSE
CORAL GABLES, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANIO, HORTENSIA
STREET ADDRESS	60 CASUARINA CONOURSE
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	VD
NAME	BALDODANO, SONIA
STREET ADDRESS	60 CASUARINA CONOURSE
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	TD
NAME	BLANCO, MARIA E
STREET ADDRESS	60 CASUARINA CONOURSE
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

Maria E. Blanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

305 613 4878

Date

Daytime Phone #