

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000064729

1. Entity Name
XYNERGIA, INC.



Principal Place of Business
**5201 BLUE LAGOON DRIVE, SUITE 882
MIAMI, FL 33126**

Mailing Address
**5201 BLUE LAGOON DRIVE, SUITE 882
MIAMI, FL 33126**

2. Principal Place of Business
7065 NW 72 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
7065 NW 72 AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33166
Country
U.S.

City & State
MIAMI FL
Zip
33166
Country
U.S.

4. FEI Number
65-1118712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, JUAN MARTIN
5201 BLUE LAGOON DRIVE, SUITE 882
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
JUAN M. GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
7065 NW 72 AVENUE
City
MIAMI FL Zip Code
33166

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]

4/30/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when amending)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
D	ESCOBAR, LUIS HERNANDO	5201 BLUE LAGOON DRIVE, SUITE 882	MIAMI, FL 33126	☐
D	VINUEZA, MARIA DEL CARM	5201 BLUE LAGOON DRIVE, SUITE 882	MIAMI, FL 33126	☐
D	GOMEZ, JUAN MARTIN	5201 BLUE LAGOON DRIVE, SUITE 882	MIAMI, FL 33126	☐
D	BENITEZ, JOHANNA	5201 BLUE LAGOON DRIVE, SUITE 882	MIAMI, FL 33126	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

305-776-8749

Class

Daytime Phone #

CR2E034 (10/02)