2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000111377

1. Entity Name
SINERGIA DADE INC.

Principal Place of Business	Mailing Address
15120 SW 170 TE. MIAMI, FL 33187	9745 MILLER DRIVE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3651270
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACEDO, CARLOS
9745 MILLER DRIVE
MIAMI, FL 33165

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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 _____ Carlos Macedo 4/07/06
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	SALGADO, EMILIO
STREET ADDRESS	15120 SW 170 TE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	VD
NAME	SALGADO, YASCALI
STREET ADDRESS	15120 SW 170 TE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	SD
NAME	SALGADO, DIOMI
STREET ADDRESS	15120 SW 170 TE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100001503949
04/26/06-80051-020 150.00

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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: _____ Emilio Salgado 4/7/06 (305) 234-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #