FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90055 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000116296 DOCUMENT #

1. Entity Name TRISYNC TECHNOLOGY, INC.

SIGNATURE:



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Principal Place of Business 1580 SAWGRASS CORPORATE PARKWAY #130 SUNRISE FL 33323		Mailing Address 1580 SAWGRASS CORPORATE PARKWAY #130 SUNRISE FL 33323								
2. Principal Place of Business		3. Mailing Address			1				ł 18440 BAKI 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	☐ CHECK HE	RE IF MAKING	CHANGES		
City & State		City & State			4. FEIN	lumber 65-11597	718		pplied For ot Applicable	1
Zip Country		Zip Countr			5. Certificate of Status Desired S8.75 Addition Fee Required			ditional	1	
	6. Name and Address of Current	Registered Agent			7. Name	e and Address of Ne	w Registered	Agent		1
BROWN, GARY L E80. 4000 HOLLYWOOD BLVD., SUITE 265-SOUTH HOLLYWOOD FL 33021					P.O. Box N	W- MYERS	able)	n ONDS	΄ δ	
<i></i>			City F1			LAUDERDALE FL Zip Code 3010				
	named entity shomits this statement for tions of registred agent. Signature; typed or printed have of registered agent a	Timend) 3, /2	office or registered	ed agent, o	or both, in the State o		familiar with,	and accept	
F After Make Check	<u></u>		,		Election Campaigr Trust Fund Contrib	ution.	J Added)0 May Be d to Fees		
10.	OFFICERS AND		11.	·	ADDITI	ONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, ANTONIO M 19450 N.W. 4TH COURT PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET AL CITY-ST-	- 4				☐ Change	Addition	00/07/7001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, JOHNNY 6241 S.W. 195TH AVENUE PEMBROKE PINES FL 33332	▼ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, EDWARD A 15982 S.W. 3RD STREET PEMBROKE PINES FL 33027	⊠ Delete	TITLE NAME STREET AL CITY-ST-		*g - ₹g== - •		estrum est est e	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-					☐ Change	☐ Addition	<u>;</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AU CITY-ST-2					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-2					Change	Addition	
12. I hereby of indicated of the corrections of the	certify that the information supplied with on this report or supplemental report is poration or the receiver or traffee empo or on an attachment with an addies.	this filing does not qualify for true and accurate and that m wered to execute his report a vith all other like empowered.	the exempt y signature as required l	ion stated in Sec shall have the s by Chapter 607	ction 119.0 same legal , Florida St	07(3)(i), Florida Statuti effect as if made und atutes; and that my n	es. I further cer ler oath; that I a ame appears it	tify that the in am an officer a Block 10 or	nformation or director r Block 11 if	