

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048042

FILED
Jan 03, 2005
Secretary of State

Entity Name: SYNERGY CAPITAL SOLUTIONS, INC.

Current Principal Place of Business:

3400 NE 192ND ST., #806
AVENTURA, FL 33180

New Principal Place of Business:

20400 W. COUNTRY CLUB DRIVE
SUITE 808
AVENTURA, FL 33180

Current Mailing Address:

3400 NE 192ND ST., #806
AVENTURA, FL 33180

New Mailing Address:

20400 W. COUNTRY CLUB DRIVE
SUITE 808
AVENTURA, FL 33180

FEI Number: 01-0686149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLEJO, PATRICIA
3400 NE 192ND ST., #806
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

VALLEJO, PATRICIA
20400 W. COUNTRY CLUB DRIVE
SUITE 808
AVENTURA, FL 33180 US

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.

SIGNATURE:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALLEJO, PATRICIA
Address: 3400 NE 192ND ST., #806
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VALLEJO, PATRICIA
Address: 20400 W. COUNTRY CLUB DR. SUITE 808
City-St-Zip: AVENTURA, FL 33180

Title: VP () Change (X) Addition
Name: GERSENE, CLAUDE
Address: 20400 W. COUNTRY CLUB DR. SUITE 808
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE GERSENE

VP

01/03/2005

Electronic Signature of Signing Officer or Director

Date