

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90047 010 ***150.00

DOCUMENT # P02000053847

1. Entity Name

OZONE SYNERGY, INC.



Principal Place of Business

7191 E. TROPICAL WAY
PLANTATION FL 33317

Mailing Address

7191 E. TROPICAL WAY
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

03-0448153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRETSEDEMAS, ENID
7191 E. TROPICAL WAY
PLANTATION FL 33317

Name

Alex N Kretsedemas

Street Address (P.O. Box Number is Not Acceptable)

3400 SW 26th Terrace #A6/A7

City

Ft. Lauderdale

FL

Zip Code

33319

8. The above named entity certifies 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

03/15/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME KRETSEDEMAS, ENID
STREET ADDRESS 7191 E. TROPICAL WAY
CITY-ST-ZIP PLANTATION FL 33317

TITLE Alex N. Kretsedemas ☐ Change ☒ Addition
NAME Alex N. Kretsedemas
STREET ADDRESS 3400 SW 26th Terrace Suite A6/A7
CITY-ST-ZIP Ft Lauderdale FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex N. Kretsedemas 3/15/04 954 410 8579

Date

Daytime Phone #