

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000111086

Entity Name: SYNERGY MEDIA, INC.

**FILED**  
**Sep 16, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1523 SW 189 AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1523 SW 189 AVENUE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 03-0487167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, OSCAR F  
1523 SW 189 AVENUE  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEREZ, OSCAR F  
Address: 1523 SW 189TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: BADR, TAREK  
Address: 1 DEAN PARK ROAD, APT 1606  
City-St-Zip: SCARBOROUGH, ON M1B2W5 CA

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: OSCAR F. PEREZ

P

09/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date