

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO2000112193**
1. Entity Name **SYNCRONIC, CORP.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -2 AM 8:43

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2040 NE 194 DR		3. Mailing Address 20441 NE 30th Ave	
Suite, Apt. #, etc. :		Suite, Apt. #, etc. Bldg 9 #316	
City & State North Miami Beach, FL		City & State Aventura, FL	
Zip FL 33179	Country USA	Zip 33180	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3717159** Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

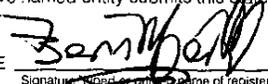
Name **MARTIN BERNSTEIN**

Street Address (P.O. Box Number is Not Acceptable)
20441 NE 30th AVE

BLDG 9 #316

City **Aventura** FL Zip Code **33180**

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.

SIGNATURE  **MARTIN BERNSTEIN (PRESIDENT)** DATE **8/27/2003**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

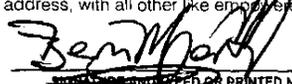
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARTIN BERNSTEIN 20441 NE 30th AVE - BLDG 9 #316 AVENTURA, FL 33180 -1571	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900022700169 09/02/03--01046--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secret. MARCOS LEIDERMAN 2040 NE 194 DR North Miami Beach, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARTIN BERNSTEIN** DATE **8/27/2003** DAYTIME PHONE # **(305) 932-4577**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034B (12/01)

August 6, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Fl. 32314

Doc Number: P02000112193

Dear Sir or Madam,

I have been waiting for your advise to renew my Corporation, but up to this date I have received nothing from your Division. I don't know whether your advise was sent to me or not, because some problems have occurred with the incoming correspondence in our site.

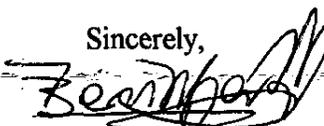
As my Corporation is arriving to its first year of existence, I took the decision to send you attached to this letter a check in the amount of \$150.00 to cover renewal fees and hope it will be accepted by you.

I would like to receive your confirmation that my Corporation has been renewed, but please any advise accordingly should be sent to below address and not to the one in your records.

Please send your correspondence to: 20441 NE 30TH AVE.- BLDG 9 # 316
AVENTURA, FL. 33180

Thanks for your attention,

Sincerely,



Martin Bernstein
Syncrosonic, Corp.