## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000002959

Entity Name: SYNERGY CONSULTING SERVICES INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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201 ALHAMBRA CIRCLE SUITE 901 CORAL GABLES, FL 33134

**New Mailing Address: Current Mailing Address:** 

201 ALHAMBRA CIRCLE SUITE 901 CORAL GABLES, FL 33134

FEI Number: 14-1869078 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VERDEJA, MIKE MR STANFIELD, PETER MR 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE SUITE 901 SUITE 901 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: PETER STANFIELD 03/07/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition VERDEJA, MIKE MR. STANFIELD, PETER MR. Name: Name: 201 ALHAMBRA CIRCLE SUITE 901 201 ALHAMBRA CIRCLE SUITE 901 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: STANFIELD, PETER MR. Name: ENWRIGHT, BETH MS.

201 ALHAMBRA CIRCLE SUITE 901 201 ALHAMBRA CIRCLE SUITE 901 Address: Address: CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

Title: Title: VΡ (X) Delete () Change () Addition

BETH, ENWRIGHT MS Name: Name: 201 ALHAMBRA CIRCLE SUITE 901 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Ρ SIGNATURE: PETER STANFIELD 03/07/2006