

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002959

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SYNERGY CONSULTING SERVICES INC.

## Current Principal Place of Business:

255 ALHAMBRA CIRCLE  
SUITE 424  
CORAL GABLES, FL 33134

## New Principal Place of Business:

126 MADEIRA AVE  
CORAL GABLES, FL 33134

## Current Mailing Address:

255 ALHAMBRA CIRCLE  
SUITE 424  
CORAL GABLES, FL 33134

## New Mailing Address:

126 MADEIRA AVE  
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:

STANFIELD, PETER MR  
255 ALHAMBRA CIRCLE  
SUITE 424  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

STANFIELD, PETER MR  
126 MADEIRA AVE  
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: \_\_\_\_\_

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STANFIELD, PETER MR.  
Address: 255 ALHAMBRA CIRCLE SUITE 424  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: ENWRIGHT, BETH MS.  
Address: 255 ALHAMBRA CIRCLE SUITE 424  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STANFIELD, PETER MR.  
Address: 126 MADEIRA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: ENWRIGHT, BETH MS.  
Address: 126 MADEIRA AVE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PETER STANFIELD

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date