

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 20, 2004 8:00 am
Secretary of State**

01-20-2004 90049 037 ***150.00

DOCUMENT # P03000036021

1. Entity Name
SYNALOVSKI INVESTMENT CORPORATION



Principal Place of Business
3950 N 46 AVE
HOLLYWOOD, FL 33021

Mailing Address
3950 N 46 AVE
HOLLYWOOD, FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A
12000 BISCAYNE BLVD STE 500
N MIAMI, FL 33181

Name

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

City

FL

Zip Code

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. 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

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: SYNALOVSKI, MANUEL
STREET ADDRESS: 3950 N 46 AVE
CITY-ST-ZIP: HOLLYWOOD, FL 33021

Delete

TITLE: V
NAME: SYNALOVSKI, LISA
STREET ADDRESS: 3950 N 46 AVE
CITY-ST-ZIP: HOLLYWOOD, FL 33021

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44002714



01112004 Chg-P CR2E034 (10/03)

4. FEI Number **81-0607069** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

✓/v5/4 9543840002