

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90241 006 ***158.75

DOCUMENT # P03000041155

1. Entity Name
CUSTOM SYNTHESIS INC.



Principal Place of Business
4555 BARWICK RANCH CIRCLE
DELRAY BEACH, FL 33445

Mailing Address
4555 BARWICK RANCH CIRCLE
DELRAY BEACH, FL 33445



2. Principal Place of Business
4555 North Barwick Ranch Circle

3. Mailing Address
4555 North Barwick Ranch Circle

Suite, Apt. #, etc.
Ranch Circle

Suite, Apt. #, etc.
Ranch Circle

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33445

Zip
33445

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
35-2205795

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUZANNE K STERLING P.A
1792 BELL TOWER LANE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
SUZANNE K. STERLING

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

RUDEN MCCLOSKEY
701 BRICKELL AVENUE, SUITE 1900

City
MIAMI

FL Zip Code
33131

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
NAME
D LEPORE, SUSAN
STREET ADDRESS
4555 BARWICK RANCH CIRCLE
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
D LEPORE, SALVATORE
STREET ADDRESS
4555 BARWICK RANCH CIRCLE
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/D
STREET ADDRESS
4555 North Barwick Ranch Circle
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4555 North Barwick Ranch Circle

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Susan M. Lepore Susan M. Lepore 4/25/04 561-865-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #