

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1049

FILED

04 JAN 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000071980 1. Entity Name SYNERGY ACQUISITIONS GROUP, INC.					
Principal Place of Business 930 SOUTH STATE ROAD 7 PLANTATION, FL 33317			Mailing Address 930 SOUTH STATE ROAD 7 PLANTATION, FL 33317		
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				7. Name and Address of New Registered Agent	
WEINTRAUB, PETER B 2650 NORTH MILITARY TRAIL 150 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERN, BEN 930 SOUTH STATE ROAD 7 PLANTATION, FL 33317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPELLAN, ROBERT 930 SOUTH STATE ROAD 7 PLANTATION, FL 33317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500027768835 01/29/04--01024--023 **158.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>see attached</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

2014

**Division of Corporations****Annual Report**

Page 1

Document Number

P03000071980

Business Entity Name

SYNERGY ACQUISITIONS GROUP, INC.

FEI Number

562378118

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☒ Yes ☐ No \$8.75 each**Principal Place of Business**

Address

930 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION**FL**

Zip Code & Country

33317**Mailing Address**

Address

930 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION**FL**

Zip Code & Country

33317**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

WEINTRAUB, PETER**B**

-or- RA Business Name

Address

2650 NORTH MILITARY TRAIL

Suite, Apt. #, etc.

150

City, State

BOCA RATON**FL**

Zip Code & Country

33431**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

4 of 4

City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature Ben Stern

Continue

Reset

Start Over

[Sunbiz Home Page](#)

[Public Access Help](#)

**Division of Corporations****Annual Report**

Page 2

Document Number

P03000071980

Business Entity Name

SYNERGY ACQUISITIONS GROUP, INC.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Officer/Director Name And Address**

Title	P
Name (Last, First, Middle, Title)	STERN BEN
-or- Entity Name	
Street Address	930 SOUTH STATE ROAD 7
City, State	PLANTATION, FL
Zip Code & Country	33317

Title	V
Name (Last, First, Middle, Title)	CAPELLAN ROBERT
-or- Entity Name	
Street Address	930 SOUTH STATE ROAD 7
City, State	PLANTATION, FL
Zip Code & Country	33317

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	