


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 017 ***150.00

DOCUMENT # P03000121790	
1. Entity Name SYNKRONEX, INC.	

Principal Place of Business PAPINSALMENKATU 16 20900 TURKU, FINLAND,	Mailing Address PAPINSALMENKATU 16 20900 TURKU, FINLAND,
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94017641



2. Principal Place of Business 1500 W. Cypress Creek Rd	3. Mailing Address 1500 W. Cypress Creek Road
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101

01282004 Chg-P CR2E034 (10/03)

City & State Ft. Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33309	Zip 33309
Country USA	Country USA

4. FEI Number **76-0747471** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	
MARTTINEN, VESA	
5851 HOLMBERG ROAD APT 1414	
PARKLAND, FL 33067	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


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 STREET ADDRESS CITY-ST-ZIP	D LIND, ROLF PAPINSALMENKATU 16 20900 TURKU, FINLAND,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 STREET ADDRESS CITY-ST-ZIP	P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vesa Marttinen 5851 Holmberg Road, Apt 1414 Parkland, FL 33067
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	

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 **Feb-03-04** Daytime Phone # **754-834-7183**