


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90007 036 ***150.00

DOCUMENT # P04000030087 1. Entity Name SYNCO TRADING CORP.					
Principal Place of Business 350 N.W. 84 COURT # 8 MIAMI, FL 33126 US			Mailing Address 350 N.W. 84 COURT # 8 MIAMI, FL 33126 US		
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	
MATA, MORAIBA E MRS. 350 N. W. 84 COURT # 8 MIAMI FL, FL 33126-US				Name Mata, Pedro Street Address (P.O. Box Number Is Not Acceptable) 350 NW 84 CT # 8 Miami, FL 33126 City 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 filing with, and accept the obligations of registered agent.					
SIGNATURE: <i>Moraiba E. Mata / Pedro / Mata</i> 11/14/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 MATA, MORAIBA E MRS. 350 N. W. 84 COURT MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mata, Pedro 350 NW 84 CT Miami, FL 33126	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATA, KENNETH L MR. 350 N.W. 84 COURT MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 supplied is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am the 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Moraiba E. Mata / Pedro / Mata</i> 11/14/05 (305) 267-3094 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					