


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 22 PM 2:16

DOCUMENT # P04000047783	
1. Entity Name SYNTO SOLIMAR 409, INC.	

Principal Place of Business 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156	Mailing Address 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156
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2. Principal Place of Business 1500 San Remo Avenue	3. Mailing Address 1500 San Remo Avenue
Suite, Apt. #, etc. Suite 248	Suite, Apt. #, etc. Suite 248
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33146	Country USA



11152005 Chg-P CR2E034 (10/03)

4. FEI Number 42-1650639	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ SEGREDO & WEISZ, ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156
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7. Name and Address of New Registered Agent Name Bared & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 248 City Coral Gables FL Zip Code 33146
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARREAL, ARTURO 9559 COLLINS AVENUE UNIT 409 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mario Luis Castro Martinez 1500 San Remo Avenue, Suite 248 Coral Gables, Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Perla Gomez Catalan 1500 San Remo Avenue, Suite 248 Coral Gables, Florida 33146
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"/> Change <input type="checkbox"/> Addition
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 without other like empowered.

SIGNATURE:  **Mario Luis Castro Martinez** **305 666 6010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #