

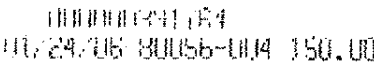


**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P04000088126</b> 1. Entity Name <b>SYNKRONIZED FRANCE INC.</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>14620 NW 60TH AVENUE MIAMI LAKES, FL 33014-2811</b></div><div>Mailing Address <b>14620 NW 60TH AVENUE MIAMI LAKES, FL 33014-2811</b></div></div>		<div style="display: flex; justify-content: space-between;"><div><b>Jan 20, 2006 08:00</b></div><div><b>Secretary of State</b></div></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>01132006</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>20-1296247</b></div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="width:50%; vertical-align: top;"><b>6. Name and Address of Current Registered Agent</b>  <b>COHEN, ALEX 14620 NW 60TH AVE MIAMI LAKES, FL 33014-2811</b></div> <div style="width:50%; text-align: center; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>		
<b>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.</b>		
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when re-registering)</small></div><div><small>DATE</small> _____</div></div>		
<div style="width:30%;"><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b></div> <div style="width:30%;"><b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div> <div style="width:40%;"></div>		
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b>	<b>DPST</b>	<div style="margin-top: 100px;"></div> <div style="margin-top: 20px;"><b>DO NOT WRITE IN THIS SPACE</b></div>
<b>NAME</b>	<b>COHEN, ALEX</b>	
<b>STREET ADDRESS</b>	<b>14620 NW 60TH AVENUE</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI LAKES, FL 330142811</b>	
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
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<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.</b>		
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small> _____</div><div><small>Daytime Phone #</small> _____</div></div>		