2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088126

Entity Name: SYNKRONIZED FRANCE INC.

FILED Sep 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14620 NW 60TH AVENUE 19201 COLLINS AVE. MIAMI LAKES, FL 330142811

SUITE 133A

SUNNY ISLES BEACH, FL 33160

Current Mailing Address: New Mailing Address:

14620 NW 60TH AVENUE 19201 COLLINS AVE.

MIAMI LAKES, FL 330142811 SUITE 133A

SUNNY ISLES BEACH, FL 33160

FEI Number: 20-1296247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COHEN, ALEX COHEN, ALEX 19201 COLINS AVE. 14620 NW 60TH AVE

MIAMI LAKES, FL 330142811 US SUITE 133A

SUNNY ISLAES BEACH, FL 33160 US

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.

SIGNATURE: ALEX COHEN 09/17/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: COHEN, ALEX Name: COHEN, ALEX

14620 NW 60TH AVENUE 19201 COLINS AVE., STE 133A Address: Address: City-St-Zip: MIAMI LAKES, FL 330142811 City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: () Delete Title: VPD () Change (X) Addition

Name: Name: BENZAKEN. MEIR

Address: Address: 2075 N POWERLINE RD., STE 3 POMPANO BCH,, FL 33069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX COHEN PD 09/17/2008