2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120553

Entity Name: SYNERCORE CORPORATION

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2121 PONCE DE LEON BLVD STE 240 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134 240 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2121 PONCE DE LEON BLVD TE 240 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 FEI Number: 20-1522488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRATS FERNANDEZ & CO PA PRATS FERNANDEZ & CO PA 2121 PONCE DE LEON BLVD STE 240 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134 240 CORAL GABLES, FL 33134 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: PRATS FERNANDEZ & CO PA 03/13/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DEL CORRAL-TORRES, LUIS G Name: Name: 2121 PONCE DE LEON BLVD STE 240 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: DV Title: Title: () Delete () Change () Addition Name: DEL CORRAL, MIGUEL Name: 2121 PONCE DE LEON BLVD STE 240 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: DPT () Delete () Change () Addition DEL CORRAL, TANYA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MIGUEL DEL CORRAL VP 03/13/2008

2121 PONCE DE LEON BLVD STE 240

CORAL GABLES, FL 33134

Address: City-St-Zip: