

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90551 001 ***300.00

DOCUMENT # P05000119025

1. Entity Name
SYNTO 508 M CORP.



Principal Place of Business
1500 SAN REMO AVENUE
~~SUITE 103~~
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE
~~SUITE 103~~
CORAL GABLES, FL 33146

66010029



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite 248

Suite, Apt., #, etc.

Suite 248

04062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3644434

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARED AND ASSOC., P.A.
1500 SAN REMO AVE. ~~#103~~
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 248

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DPS
LEAL, HUMBERTO M ☐ Delete
STREET ADDRESS
1500 SAN REMO AVENUE, ~~103~~
CITY - ST - ZIP
CORAL GABLES, FL 33146

TITLE
NAME
Suite 248 ☒ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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 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, with all other like empowered.

SIGNATURE:

H. Martinez D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06 3056666610