2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-\$1-ZIP

CITY-ST-ZIP

FILLE

NAME STREET ADDRESS

Mar 15, 2006 8:00 am Secretary of State 03-15-2006 90128 001 ***300.00 DOCUMENT # P05000134433 SYNTO AVP 15 CORP. 66005101 Mailing Address Principal Place of Business 1500 SAN REMO AVENUE SUITE 16/3 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03082006 CR2E034 (11/05) City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARED AND ASSOC., P.A. 1500 SAN REMO AVENUE SUITE 103 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33146 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Ð TITLE TITLE Addition BARED, JULIETA NAME NAME STREET ADDRESS 1500 SAN REMO AVENUE SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THISE

NAME

Delete