

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90031 033 \*\*\*150.00

<b>DOCUMENT # P07000005198</b> 1. Entity Name SYNERGY REVOLUTION, INC.																													
Principal Place of Business 7520 SW 82ND STREET APT G115 MIAMI, FL 33143			Mailing Address 7520 SW 82ND STREET APT G115 MIAMI, FL 33143																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <div style="display: flex; justify-content: space-between;"> <span>02292008    Chg-P    CR2E034 (12/06)</span> <div style="border: 1px solid black; padding: 2px;">             Applied For  <input type="checkbox"/> Not Applicable           </div> </div>																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent  MARCUS, ALAN K 1320 S DIXIE STE 1045 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name <u>Alan K. Marcus</u> Street Address (P.O. Box Number is Not Acceptable) <u>2600 Douglas Rd Ste 1111</u> City <u>Coral Gables</u> FL    Zip Code <u>33134</u>																										
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 <u>[Signature]</u> DATE <u>3/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARCUS, MELISSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7520 SW 82ND STREET APT G115</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33143</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MARCUS, MELISSA		STREET ADDRESS	7520 SW 82ND STREET APT G115		CITY-ST-ZIP	MIAMI, FL 33143		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Melissa Marcus - President</u> DATE: <u>3/3/08</u> DAYTIME PHONE: <u>305-299-6546</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													