

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000134807

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ZYNDROME SURF COMPANY

**Current Principal Place of Business:**

10352 MANDERLEY WAY  
ORLANDO, FL 32829 US

**New Principal Place of Business:**

9809 TIVOLI CHASE DR.  
ORLANDO, FL 32829 US

**Current Mailing Address:**

10352 MANDERLEY WAY  
ORLANDO, FL 32829 US

**New Mailing Address:**

9809 TIVOLI CHASE DR.  
ORLANDO, FL 32829 US

**FEI Number:** 30-0454781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARMONA-SANCHEZ, OMAR  
10352 MANDERLEY WAY  
ORLANDO, FL 32829 US

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

CARMONA-SANCHEZ, OMAR  
9809 TIVOLI CHASE DR.  
ORLANDO, FL 32829 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:** OMAR CARMONA-SANCHEZ

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CARMONA-SANCHEZ, OMAR  
**Address:** 9809 TIVOLI CHASE DR.  
**City-St-Zip:** ORLANDO, FL 32829

I hereby 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 all other like empowered.

**SIGNATURE:** OMAR CARMONA-SANCHEZ

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date