

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040650

FILED
Apr 24, 2009
Secretary of State

Entity Name: SYNCOPATED SOUNDS, INC.

Current Principal Place of Business:

18205 BISCAYNE BLVD
SUITE 2205
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 610806
NORTH MIAMI, FL 33261 US

New Mailing Address:

FEI Number: 71-1049443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, KATHRYN A ESQ.
420 LINCOLN ROAD
SUITE 440
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PILA, MANUEL
Address: PO BOX 610806
City-St-Zip: NORTH MIAMI, FL 33261 US

Title: D () Delete
Name: NAPLES, MICHELLE D
Address: PO BOX 610806
City-St-Zip: NORTH MIAMI, FL 33261 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MANUEL PILA

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date