

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000040650

Entity Name: SYNCOPATED SOUNDS, INC.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**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:**

NAPLES, MICHELLE D P.A.  
18205 BISCAYNE BLVD.  
SUITE 2205  
AVENTURA, FL 33160 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: MICHELLE D. NAPLES

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PILA, MANUEL  
Address: PO BOX 610806  
City-St-Zip: NORTH MIAMI, FL 33261 US

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

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: MICHELLE D. NAPLES

VP

04/13/2011

Electronic Signature of Signing Officer or Director

Date