2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044265

Entity Name: MANUEL SYNALOVSKI, INC.

SYNALOVSKI, LISA H

PLANTATION, FL 33317

7027 W BROWARD BLVD #324

Name:

Address:

City-St-Zip:

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 HOLLY LN PLANTATION, FL 33317 LIS **Current Mailing Address: New Mailing Address:** 7027 W BROWARD BLVD #324 PLANTATION, FL 33317 US FEI Number: 65-0418485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYNALOVSKI, MANUEL 7027 W BROWARD BLVD #324 PLANTATION, FL 33317 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SYNALOVSKI, MANUEL Name: Name: 7027 W BROWARD BLVD #324 Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: (X) Delete Title: VD Title: () Change () Addition GUTIERREZ, JORGE A Name: Name: 7027 W BROWARD BLVD #324 Address: Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip: Title: Title: VD (X) Delete () Change () Addition ROMANIK, MERRILL Name: Name: 7027 W BROWARD BLVD #324 Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: TSD () Delete Title: **TRES** (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

SYNALOVSKI, LISA H

PLANTATION, FL 33317

7027 W BROWARD BLVD #324

SIGNATURE: LISA SYNALOVSKI TRES 02/26/2008