


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044437 1. Entity Name CYNERI PROPERTIES INC.	
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Principal Place of Business 1820 NE 163 ST SUITE 100 MIAMI, FL 33162	Mailing Address 9901 E. BROADVIEW DR BAY HARBOR, FL 33154 US
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DO NOT WRITE IN THIS SPACE

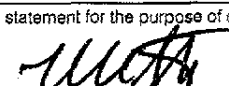


05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0673906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEIN, ERIC P. 1820 NE 163 ST SUITE 100 MIAMI, FL 33162

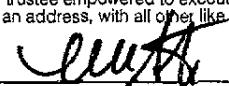
DO NOT WRITE IN THIS SPACE

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 	(NOTE: Registered Agent signature required when reinstating)	DATE <u>5-1-06</u>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, ERIC P 1820 NE 163 ST, STE 100 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STEIN, CYNTHIA F 1820 NE 163 ST, STE 100 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, BEVERLY 1820 NE 163 ST, STE 100 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: 	ERIC P. STEIN, PRES. 5-1-06 786-248-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	