

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073616

Entity Name: SYNIX INTERNATIONAL, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

8400 NORTHWEST 17TH STREET  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

8400 NORTHWEST 17TH STREET  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 65-0691159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, MENG JUNG  
8400 NW 17 ST.  
MIAMI, FL 33126 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: PSTD ( ) Delete  
Name: LEE, MENG JUNG  
Address: 8400 NW 17 ST.  
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete  
Name: NI, SUNG YEUH  
Address: 8400 NW 17 ST.  
City-St-Zip: MIAMI, FL 33126

**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 for the exemption stated in Section 119.07(3)(i), 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: MENG JUNG LEE

PSTD

04/29/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date