

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90049 002 \*\*\*150.00

**DOCUMENT # P97000013447**

1. Entity Name  
**SYNERGY REAL ESTATE PARTNERS, INC.**



Principal Place of Business Mailing Address  
2424 N FEDERAL HWY 2424 N FEDERAL HWY  
STE 459 STE 459  
BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

**50010299**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

01282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0731563 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUSH, CHRISTOPHER J**  
**1903 SOUTH CONGRESS AVE**  
**SUITE 320 BLDG 2**  
**BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent  
Name **Arnstein + Lehr LLP, Attn: Scott Austin**  
Street Address (P.O. Box Number is Not Acceptable) **2424 N. Federal Hwy # 462**  
City **Boca Raton** FL Zip Code **33431**

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 *Arnstein + Lehr LLP Scott Austin (for the firm)* DATE **1-31-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUZAT, LENNE'		NAME		
STREET ADDRESS	2600 S. OCEAN BLVD. #19C		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, MELODY		NAME		
STREET ADDRESS	1523 ESTUARY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Steve Friedman	
STREET ADDRESS			STREET ADDRESS	7004 NW 67th Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Steve Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-28-05** Daytime Phone # **561-3956060**