

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90156 023 ***150.00

DOCUMENT # P97000090647

1. Entity Name
MARKETING SYNERGIES, INC.



Principal Place of Business
700 LAUREL LANE WEST
PEMBROKE PINES, FL 33027

Mailing Address
700 LAUREL LANE WEST
PEMBROKE PINES, FL 33027



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0799279

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUSSEAUT, NALINI
700 LAUREL LANE WEST
PEMBROKE PINES, FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME DUSSEAUT, PETER
STREET ADDRESS 700 LAUREL LANE WEST
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE PTS
NAME DUSSEAUT, NALINI
STREET ADDRESS 700 LAUREL LANE WEST
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

954430-1336

Daytime Phone #