

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000097002

1. Entity Name
CYNTHIA GARDENS MANAGEMENT, INC.



Principal Place of Business
**1675 NW 4TH AVE
BOCA RATON, FL 33432 US**

Mailing Address
**855 S FEDERAL HWY
SUITE 113
BOCA RATON, FL 33432 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
65-0796044

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PICINICH, KENNETH
C/O MERIT REALTY SALES
855 S FEDERAL HWY SUITE 113
BOCA RATON, FL 33432**

**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 reinstating)

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	D
NAME	PICINICH, ANTONIO
STREET ADDRESS	1675 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P
NAME	PICINICH, THERESA
STREET ADDRESS	1675 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	ST
NAME	PICINICH, KENNETH
STREET ADDRESS	855 S FEDERAL HWY SUITE 113
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80017-017 150.00

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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

Kenneth Picinich

1/31/06

561-750-3611

Date

Daytime Phone #