

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000030233**

1. Entity Name  
**S.T.S CYNERGY, INC.**



Principal Place of Business

**3601 SWANN AVE  
SUITE 206  
TAMPA, FL 33609**

Mailing Address

**3601 SWANN AVE  
SUITE 206  
TAMPA, FL 33609**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3601534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, FERNANDO III  
101 E KENNEDY BLVD  
SUITE 3200  
TAMPA, FL 33602**

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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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**000000577312**  
**01/08/07-80011-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JADOT, JEAN-CLAUDE  
STREET ADDRESS PLACE 38  
CITY-ST-ZIP PETIT-ENGHIEN, BL B-785

TITLE VSD  
NAME JADOT, SEBASTIAN  
STREET ADDRESS 3601 SWANN AVE., 206  
CITY-ST-ZIP TAMPA, FL 33609

TITLE TD  
NAME HOUDEN, CHRIS V  
STREET ADDRESS INDUSTRIELAAN 17A, 3E INDUSTRIEZONE  
CITY-ST-ZIP EREBODEGEM, BL B-932

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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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

**S. JADOT**

Date

**1-4-2007**

Daytime Phone #

**813-872-0203**