


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90289 032 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P93000047474  
 1. Entity Name  
 SPIN, INC.



Principal Place of Business      Mailing Address  
 3400 MCINTOSH RD      1030 NO SO LAKE DR  
 BLDG F26      HOLLYWOOD, FL 33019    US  
 FT LAUDERDALE, FL 33316    US

**14011283**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04262005    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
 65-0419973      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired        \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, PAUL  
 430 SE 3RD TERR.  
 DANIA, FL 33004

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1030 No 30 LAKE DRIVE  
 City      State      Zip Code  
 Hollywood      FL      33019

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 \_\_\_\_\_ DATE 4/24/05  
Signature of registered agent and title is acceptable (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT AYERS, PAUL 1030 N SO LAKE DR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: \_\_\_\_\_ DATE 4/24/05      957-527-2452  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Caymans Phone #