

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 044 ***150.00

DOCUMENT # P93000047474

1. Entity Name
SPIN, INC.



Principal Place of Business

**3400 MCINTOSH RD
BLDG F26
FT LAUDERDALE, FL 33316 US**

Mailing Address

**1030 NO SO LAKE DR
HOLLYWOOD, FL 33019 US**

50006758



2. Principal Place of Business

3. Mailing Address

1030 N. SOUTHLAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006

Chg-P

CR2E034 (11/05)

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

65-0419973

Applied For

Not Applicable

Zip

Country

Zip

Country

33019

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYERS, PAUL
4035 N 30 LAKE DRIVE
HOLLYWOOD, FL 33019**

Name

Street Address (P.O. Box Number is Not Acceptable)

1030 N. SOUTHLAKE DR.

City

HOLLYWOOD

FL

Zip Code

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 **PAUL AYERS, PRESIDENT**

03/01/2006

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 **DPVT** ☐ Delete
NAME **AYERS, PAUL**
STREET ADDRESS **1030 N SO LAKE DR**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 of 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: **PAUL AYERS, PRESIDENT** 03/01/2006 (954) 527-2652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #