
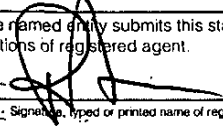
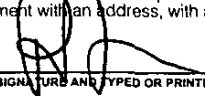


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90049 001 ***300.00

DOCUMENT # P93000047474 1. Entity Name SPIN, INC.																																																																																													
Principal Place of Business 3400 MCINTOSH RD BLDG F26 FT LAUDERDALE, FL 33316 US		Mailing Address 1030 N SOUTHLAKE DR HOLLYWOOD, FL 33019 US																																																																																											
2. Principal Place of Business - No P.O. Box # 35 SW 12th Avenue		3. Mailing Address Suite, Apt. #, etc. 3-105																																																																																											
City & State Dania Beach, FL		City & State FL																																																																																											
Zip 33004	Country USA	Zip 33004	Country USA																																																																																										
6. Name and Address of Current Registered Agent AYERS, PAUL 1030 N SOUTHLAKE DR HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 30%;"> Paul Ayers </div> <div style="width: 30%; text-align: right;"> 3/13/08 <small>DATE</small> </div> </div>																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>AYERS, PAUL</td> <td>1030 N SO LAKE DR</td> <td>HOLLYWOOD, FL 33019</td> <td><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		AYERS, PAUL	1030 N SO LAKE DR	HOLLYWOOD, FL 33019	<input type="checkbox"/>																																				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition																																								
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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.																																																																																													
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66005293



03122008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0419973** Applied For ☐ Not Applicable ☒

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