


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 213020
 1. Entity Name
ZIRIN LABORATORIES, INTL., INC.



Principal Place of Business
 PO BOX 840538
 PEMBROKE PINES, FL 33084

Mailing Address
 PO BOX 840538
 PEMBROKE PINES, FL 33084

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0860451 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ZIRIN, LAWRENCE
9720 NW 4 ST
PEMBROKE PINES, FL 33024

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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 _____
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, 2004 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	PD ZIRIN, LAWRENCE 9720 NW 4 STREET PEMBROKE PINES, FL 33024
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 03/18/04-80023-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addressee, with all other like empowered.

SIGNATURE: *Lawrence Zirin* **Lawrence Zirin** **03/16/04** **954-423-5756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #