2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT;# F00000005768

FILED Jul 06, 2004 8:00 am Secretary of State 07-06-2004 90007 031 ***150.00

1. Entity Nam SPINSIT.(COM, INC.			
Principal Place 1541 BRICKE #405	<u></u>	Mailing Address 1541 BRICKELL AVE #405		44046678
MIAMI, FL 33	3129	MIAMI, FL 33129) . LUDBIRER HIK BONN DANN DANN BORN BORN BORN BORN BORN BONN HERE BRIED HONDON AF NODE
2. Principal P	ace of Business 3 SW S8 THAVE		v 58 th	Aug.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07012004 Chg-P CR2E034 (10/03)
City & State		City & State MIAM I	FL	4. FEI Number Applied For 91-2074119 Not Applicable
33150	Country DADE	33156	Country DAOE	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current I	Registered Agent	Nome	7. Name and Address of New Registered Agent
VERNON, 1541 BRIC	ROBERT A	<u> </u>	Name Street Ad	WERNON KOBERT A. ddress (P.O. Box Number is Not Acceptable)
#405 MIAMI, FL	4		/25	593 SW S8th Avenue
,,,_			City	MIAM FL Zip Code 33156
8. The above named entity submits this statement for the propose 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 pyhlipt perhapt registered gent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Solution. Solution. Solution. Solution. Solution Solution. Solution Solution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND		11.	- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PCDT VERNON, ROBERT A	☐ Delete	TITLE NAME	VEENUN, ROBERT A. SChange Addition
STREET ADDRESS CITY-ST-ZIP	1541 BRICKELL AVE., APT. 405 MIAMI, FL. 33129		STREET ADDRESS CITY-ST-ZIP	13593 SW S8th AUE MIAMI, FL 33156
سمير TITLE	VSD	☐ Delete 1	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	REALE, BRIAN 5304 VENTURA DRIVE		NAME STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	•	t manager company	NAME STREET ADDRESS	
CITY-ST-ZIP	•		CITY-ST-ZIP	•
TITLE		☐ Delate	TITLE .	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME Street address	
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TITLE		☐ Delete	TITLE -	Change → ☐ Addition
NAME			NAME	The second of th
STREET ADDRESS CITY-ST-ZIP		7	STREET ADDRESS CITY-ST-70	The first of the f
12. I hereby certify that the information supplied with his 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 veport 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 true e empowered to execute this appoint a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with anyadoress, with all other like empowered.				