


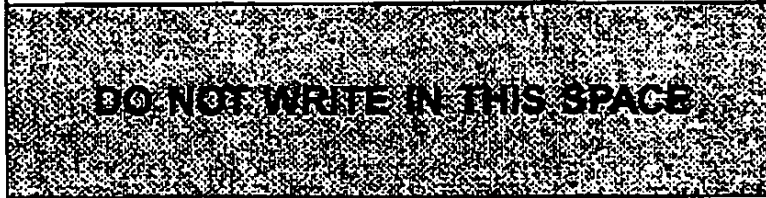
**ZUUB FOK PROFIT KUPKORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90219 010 \*\*\*150.00

<b>DOCUMENT # F91520</b>	
1. Entity Name <b>STUART LIPINSKY, C.P.A., P.A.</b>	

Principal Place of Business <b>520 N.W. 165TH ST. RD #212 MIAMI, FL 33169</b>	Mailing Address <b>520 N.W. 165TH ST. RD #212 MIAMI, FL 33169</b>
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04252006 No Chg-P CR2E034 (11/06)

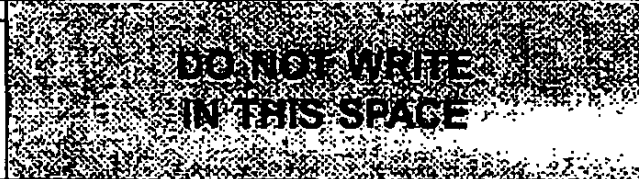
4. FEI Number <b>59-2208201</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

66010643

FOR INFORMATION ONLY: THIS REPORT IS NOT VALID UNLESS IT IS FILED WITH THE SECRETARY OF STATE

6. Name and Address of Current Registered Agent

**LIPINSKY, STUART  
520 N.W. 165TH ST. RD.  
SUITE 212  
MIAMI, FL 33169**



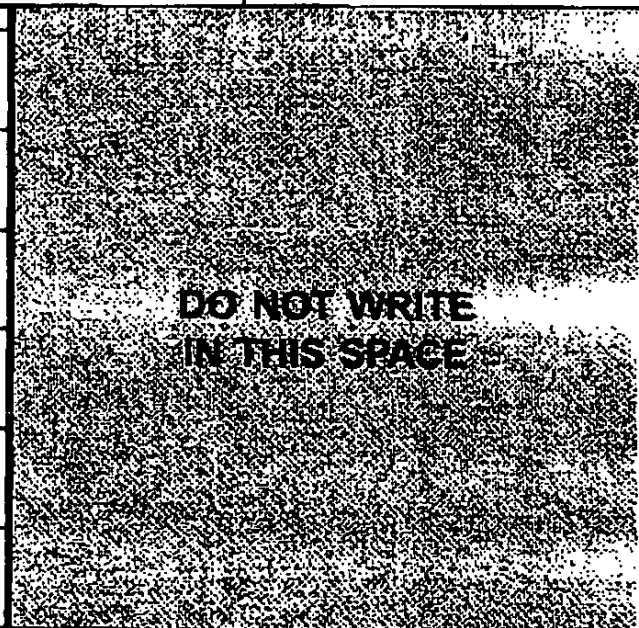
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if appropriate. NOTE: Registered Agent signature required when re-registered.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PSD</b>	<b>LIPINSKY, STUART</b>
NAME	
STREET ADDRESS	<b>520 NW 165TH ST RD #212</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
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 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.

SIGNATURE:  DATE: **6/9/06** **305-945-8900**  
Signature of Registered Agent or Director of Corporation Daytime Phone #