

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90013 001 \*1,350.00

**2005 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**66000083**



<b>DOCUMENT # J60479</b> 1. Entity Name ZINN COMPANIES, INC.					
Principal Place of Business 2300 N SR 7 HOLLYWOOD, FL 33021			Mailing Address 2300 N SR 7 20451 NW 2ND AVE, S-101 HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALTOMARE, ROBERT G 2300N SR 7 HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINN, CRAIG M			NAME	
STREET ADDRESS	1841 NORTH STATE RD 7			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHALOO, JONI NOVAK			NAME	SD
STREET ADDRESS	1841 NORTH STATE RD 7			STREET ADDRESS	2300 N. STATE ROAD 7
CITY-ST-ZIP	HOLLYWOOD, FL			CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPONE, TONY			NAME	
STREET ADDRESS	1841 N SR 7			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this 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 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: <i>Patricia A. Parke</i>			Date: <i>1/10/2005</i>		Telephone: <i>954 967-4109</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					