


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90533 042 \*\*\*150.00

**DOCUMENT # P02000134264**

1. Entity Name  
**ZINOX CORP.**



Principal Place of Business <b>1550 NORTHEAST 191ST STREET          SUITE 210          MIAMI GARDENS, FL 33179</b>	Mailing Address <b>1550 NORTHEAST 191ST STREET          SUITE 210          MIAMI GARDENS, FL 33179</b>
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**50046159**



2. Principal Place of Business <b>19380 Collins Ave.</b>	3. Mailing Address <b>19380 Collins Ave</b>
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Suite, Apt. #, etc. <b>Ste 307</b>	Suite, Apt. #, etc. <b>Ste. 307</b>
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04302005 Chg-P CR2E034 (10/03)

City & State <b>Sunny Isles Beach FL</b>	City & State <b>Sunny Isles Beach</b>
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4. FEI Number <b>01-0762003</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33160</b>	Country	Zip <b>33160</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	ORTEGON, MARIO 1550 NORTHEAST 191ST STREET MIAMI GARDENS, FL 33179	TITLE PD	MARIO ORTEGON 19380 Collins Ave Ste 307 Sunny Isles Beach FL 33160
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	BELLO, LUIS 1550 NORTHEAST 191ST STREET MIAMI GARDENS, FL 33179	TITLE STD	LUIS BELLO 19380 Collins Ave Ste 307 Sunny Isles Beach FL 33160
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:  **MARIO ORTEGON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/28/05**  
Date

Daytime Phone #: **(954) 558 3886**  
Daytime Phone #