

# 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  
**1550 NORTHEAST 191ST STREET  
SUITE 210  
MIAMI GARDENS, FL 33179**

Mailing Address  
**1550 NORTHEAST 191ST STREET  
SUITE 210  
MIAMI GARDENS, FL 33179**

**50046159**



2. Principal Place of Business  
**19380 Collins Ave.**

3. Mailing Address  
**19380 Collins Ave**

Suite, Apt. #, etc.  
**Ste 307**

Suite, Apt. #, etc.  
**Ste 307**

04302005 Chg-P CR2E034 (10/03)

City & State  
**Sunny Isles Beach FL**

City & State  
**Sunny Isles Beach**

4. FEI Number  
**01-0762003**

Applied For  
Not Applicable

Zip  
**33160**

Country

Zip  
**33160**

Country

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

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD**  
NAME  
**ORTEGON, MARIO**  
STREET ADDRESS  
**1550 NORTHEAST 191ST STREET**  
CITY - ST - ZIP  
**MIAMI GARDENS, FL 33179**

Delete

TITLE  
**STD**  
NAME  
**BELLO, LUIS**  
STREET ADDRESS  
**1550 NORTHEAST 191ST STREET**  
CITY - ST - ZIP  
**MIAMI GARDENS, FL 33179**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PD**  
NAME  
**MARIO ORTEGON**  
STREET ADDRESS  
**19380 Collins Ave Ste 307**  
CITY - ST - ZIP  
**Sunny Isles Beach FL 33160**

☒ Change ☒ Addition

TITLE  
**STD**  
NAME  
**LUIS BELLO**  
STREET ADDRESS  
**19380 Collins Ave Ste 307**  
CITY - ST - ZIP  
**Sunny Isles Beach FL 33160**

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/05**

Date

**(954) 558 3886**

Daytime Phone #