## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 19, 2007 8:00 am Secretary of State

DOCUMENT # P04000068890  1. Entity Name ZYN PROPERTIES, INC.			A STORY			06-19-2007 90001 040 ***550.00		
Principal Plans	of Puningers	Mailing Address	1		<u> ყ</u> აკ			
Principal Place of Business 703 W SWANN AVE TAMPA, FL 33606		Mailing Address 703 W SWANN AVE TAMPA, FL 33606				THI CIRII BRIN BENI B	ENI ARRIK AKAR INTAL YANN TANIK BI	115 <b>88</b> 1 16 1036
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 73-1707		N	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	See Require	
6. Name and Address of Current Registered Agent				Vame	7. Name and /	Address of New	Registered Agent	
SIERRA, MICHAEL 703 W SWANN AVE				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL	. 33606		-					
				City			FL Zip Coc	le
	named entity submits this statement ons of registered agent.	for the purpose of changing its	s registered o	office or regis	stered agent, or both	n, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	n and me if applicable (NO)	TE Registered Ag	gent signature requ	uired wrien reinstating)		DATE	
FILE	Signature, typed or printed name of registered ager  E NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$550	9. Election Campa	aign Financin	ng <b>\$</b>	\$5.00 May Be Added to Fees		DATE	
FILE	NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Con	aign Financin	ng <b>\$</b>	\$5.00 May Be Added to Fees	CHANGES TO OF	DATE	RS IN 11
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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 his 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:

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