2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: L

Feb 13, 2008 8:00 am Secretary of State **DOCUMENT # P06000099716** 02-13-2008 90020 050 ***150.00 ZIVA LYNN CONSTRUCTION CORP. Principal Place of Business Mailing Address 5550 GLADES ROAD SUITE 401 BOCA RATON FL 33431 1942 RICHMOND TERRACE STATEN ISLAND NY 10302 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2030 S.E. 25 TERRACE Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FE! Number 26-1330951 APE COKAL, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPINELLI, THOMAS 2030 SE 25TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 8. The above named entity expenits this statement ice 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 register 1-28-2008 emas SIGNATURE. SVOTE. Registered Agent eignaturn required when reinstatings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THOMAS SPINELLI, SEC. Change Addition TITLE ☐ Delete TITLE CULOTTA, GIOVANNI MAME NAME 2030 SE. 25th TERRICE 2030 SE 25TH TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE **⊠** Derete TITLE ☐ Change ☐ Addition MAZZAFERRO, DONNA NAME 2030 SE 25TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME ILAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete THE TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver information that it is 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 all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED