


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90214 021 ***150.00

DOCUMENT # P94000052977	
1. Entity Name ZINGARI, INC.	

Principal Place of Business 551 NORTH ATLANTIC BLVD. FT. LAUDERDALE, FL 33304	Mailing Address PO BOX 480147 FORT LAUDERDALE, FL 33348 US
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50014130

2. Principal Place of Business PO BOX 15111	3. Mailing Address PO BOX 15111
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04122006 Chg-P CR2E034 (11/05)

City & State PLANTATION FL	City & State PLANTATION FL
Zip 33318	Country BROWARD
Zip 33318	Country BROWARD

4. FEI Number 65-0510734	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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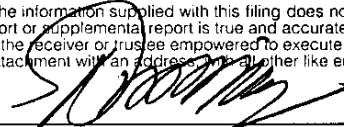
6. Name and Address of Current Registered Agent BAUMAN, JEROME A 7820 PETERS RD. SUITE E-103 PLANTATION, FL 33324	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETH, NIMESH PO BOX 480147 FORT LAUDERDALE, FL 33348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHETH NIMESH PO BOX 15111 PLANTATION FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETH, SEEMA PO BOX 480147 FORT LAUDERDALE, FL 33348	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHETH SEEMA PO BOX 15111 PLANTATION FL 33318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, name, or other like empowered.	
SIGNATURE:  NIMESH SHETH	ZINGARI INC PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #