

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90114 007 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P96000069822</b>
1. Entity Name <b>ZARNU, INC.</b>

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>901 Ponce de Leon Blvd.</b>	3. Mailing Address <b>901 Ponce de Leon Blvd.</b>
Suite, Apt. #, etc. <b>Suite 603</b>	Suite, Apt. #, etc. <b>Suite 603</b>
City & State <b>Coral Gables, FL 33134</b>	City & State <b>Coral Gables, FL 33134</b>
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>FEI-650822839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent			
	Name <b>ALBORNOZ, WILLIAM H. ESQ.</b>			
	Street Address (P.O. Box Number is Not Acceptable) <b>901 Ponce de Leon Blvd.</b>			
	Suite 603			
City		<b>Coral Gables,</b>	<b>FL</b>	Zip Code <b>33134</b>

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Harooutiounian, Zaven D.</b> <b>2000 Island Blvd., Unit 2107</b> <b>William Island, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Harooutiounian, Nuver D.</b> <b>2000 Island Blvd., Unit 2107</b> <b>William Island, FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/10/02** **305-931-9465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Zaven D. Harooutiounian Director**  
Office Daytime Phone #

CR2E034B (12/01)