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Secretary of State
04-13-2004 90022 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000069822

1. Entity Name
ZARNU, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134

02022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0822839
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

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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
Signature, typed or printed name of registered agent and title if applicable. Required when reinstating.

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $600.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAROOUTIOUNIAN, ZAVEN D
STREET ADDRESS	2000 ISLAND BLVD., UNIT 2107
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	D
NAME	HAROOUTIOUNIAN, NUVER D
STREET ADDRESS	2000 ISLAND BLVD., UNIT 2107
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/6/04 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #