


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90095 049 ***150.00

DOCUMENT # P96000069822 1. Entity Name ZARNU, INC.	
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Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0822839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

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

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/26/05** **444-1741**
Date Daytime Phone #