## **2006 FOR PROFIT CORPORATION**

## **FILED** Jan 23, 2006 8:00 am

	ANNUAL		Secretary of State						
DOCUMENT # P99000060128					• –	01-23-2006 9			
1. Entity Nan	ne					01 <u>25 2</u> 000.		0 10.	<i>y</i> .00
F&KZIr 	NN HOLDINGS, INC.		運到						
			1000	TEST					
Principal Plac	ce of Business	Mailing Address							
	HARBOR DRIVE NO 5A	9350 W BAY HARBOR DI							
BAY HARBUI	R ISLANDS, FL 33154-2363	BAY HARBOR ISLANDS, FL 33154-2363							
								63   B30   F61  B	
2. Principal Place of Business		3. Mailing Address 7775 N.W. 48th Street		- <b>-</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>				## //# /	100mm 14
		Suite # 110		01	1112006	Chg-P	CR2E03	34 (11/05)	
City & Stat	e	City & State Miami, Florida 3316		6 4.	4. FEI Number 65-0935249			Applied For Not Applicable	
Zip	Country	Zip	Country					88.75 Add	
		33166	USA	J		f Status Desired	غ ب	ee Require	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and A	Address of New Re	gistered A	gent	
	SENTS INC				ard Zi				
	CHER CHAVES RUBIN & FORM	<i>I</i> AN	Street Ac	5 N.W.	Box Number	is Not Acceptable	)		
	RPORATE BLVD STE 107 TON, FL 33431-7343			te # 1					
			City				Ei	Zia God	e.
9 The above	e named entity submits this statement for	er the purpose of changing ite r	M:	iami,	==== ar beth	:- sha Crata of Cla	FL	3316	6
the obligat	tions of registered agent.	The purpose of changing its re	egisiereu onice or	registered ag	депі, ог обыт	, in the State of Floa	iida. Tamiia	ımıllar with,	and accept
SIGNATURE.	$\delta_{\mu} = \delta_{q_{\mu}}$	Richard	l Zinn			1/3	11/06		
oldivii one.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: )	Registered Agent signatur	re required when r	reinstating)		DATE		
		9. Election Campaign	n Financing	\$5.00 h					
	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			Added to					
10.	OFFICERS AND	DIRECTORS	11.	A		HANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
TITLE	PD	☐ Delete	TITLE		3011101.10, 1	minute io oi,		Change	Addition
HAME	ZINN, FAY		NAME						
STREET ADORESS CITY-ST-ZIP	9350 W BAY HARBOR DR #5A	4.5.4	STREET ADDRESS						
TITLE	BAY HARBOR ISLANDS, FL 331		CITY-ST-ZIP						
NAME		☐ Delete	TITLE NAME					Сhange	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
DITLE		☐ Delete	TITLE		<del>_</del>			Change	Addition
STREET ADDRESS		· — ••= ·	NAME STREET ADDRESS		-				<del>-</del> -
CITY-ST-ZIP			CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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NAME		☐ Delete	TITLE NAME				1	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-\$1-ZIP			CITY-ST-ZIP						
TITLE		☐ Detete	TITLE				!	Change	☐ Addition
NAME STREET ADDRESS			name Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
	1								

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, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Zinn

1/11/06

305-477-0016

Date

Daytime Phone #