

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471871

Entity Name: ZENA OPTICAL, INC.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

8738 SW 24TH STREET
MIAMI, FL 331652006

New Principal Place of Business:

Current Mailing Address:

8738 SW 24TH STREET
MIAMI, FL 331652006

New Mailing Address:

FEI Number: 59-1581408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, ERNESTO
4287 S W 2ND TERRACE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, ERNESTO
Address: 551 SW 39TH AVE
City-St-Zip: MIAMI, FL 33134

Title: S () Delete
Name: LOPEZ, PEDRO
Address: 4287 SW 2ND TERRACE
City-St-Zip: MIAMI FL,

Title: PT () Delete
Name: LOPEZ, PEDRO,
Address: 4287 SW 2ND TERRACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO R. LOPEZ

P

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date