## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## **FILED** May 05, 2005 8:00 am

DOCUMENT # F04000007018  1. Entity Name					Secretary of State 05-05-2005 90109 015 ***150.00						
ZAENBA	EN, INC.										
Principal Plac	e of Business	Mailing Address									
2770 WEST BROOKLYN	33RD STR, #420 NY 11224	2008 AVENUE Y BROOKLYN NY 11235								- 	
3				}							
2700	vace of Business 33nd Style	3. Mailing Address 2903 Oct	ean Ave	1FL							
Suité, Apt.	#, etc. # 420	Suite, Apt. #, etc.	·	-	1st	MOORE	CR2	E034	(10/04)		
City & Stat	elega, el	Brookley	L, W	4.	, FEI Numbe	76-0752	904			Applied Not App	
Zip [122	6. Name and Address of Current	Zip 1/235°	Country			of Status Desire			ee Requ	Additiona uired	al
	6, Name and Address of Current I	Registered Agent	Name		Name and	Address of No	w Hegisi	tered A	30111		
184	ROZHTSOV, MIKHAIL 9 S. OCEAN DRIVE, #608 LLANDALE FL 33009		Street A	Address (P.O.	. Box Numbe	er is Not Accep	table)				
11/74	LEANDALL I E 33003										
			City					FL	Zip C	ode	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r registered a	agent, or bot	h, in the State o	of Florida.	l am fa	miliar w	ith, and a	accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent signe	ture required when	n reinstati∩g)			DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department of					9. Election Ca Trust Fund			_	5.00 M dded to i	
After	May 1, 2005 Fee Will Be \$550.00	State	11.	A	ADDITIONS/		Contribut	tion. [	□ A	dded to i	Fees
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After Make Check 10. TITLE NAME	May 1, 2005 Fee Will Be \$550.00 c Payable to Florida Department of OFFICERS AND	State DIRECTORS	TITLE	A	ADDITIONS/	Trust Fund	Contribut	S AND [	DIRECTO	dded to I	Fees 1
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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:

William And Yyelf OR STATUTE AND YYELD OR STATUTE OF S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #