

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


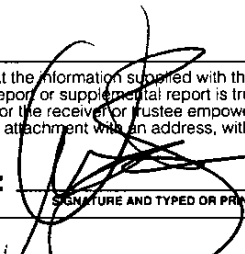
APPROVED
AND
FILED

05 MAY 31 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DOCUMENT # N03000001366					
1. Entity Name V. JAMES AND ROBIN A. ZENGA FOUNDATION, INC.					
Principal Place of Business 2357 SUNDERLAND AVE WELLINGTON, FL 33414			Mailing Address 2357 SUNDERLAND AVE WELLINGTON, FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2103543	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZENGA, V. JAMES 2357 SUNDERLAND AVE WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZENGA, V. JAMES		NAME	700056150527	
STREET ADDRESS	2357 SUNDERLAND AVE		STREET ADDRESS	06/14/05--01039--024	**\$61.25
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZENGA, ROBIN A		NAME		
STREET ADDRESS	2357 SUNDERLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	QI, IVAN		NAME	Dr. William T. Zenga	
STREET ADDRESS	3380 FAIRLANE FARMS RD STE 12		STREET ADDRESS	23 Fort Royal Isle	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Ft. Lauderdale, Florida	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HESS, GREGORY C		NAME	John J. Zenga, CPA	
STREET ADDRESS	11922 CATALPA AVE		STREET ADDRESS	2713 Meadowood Ct.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Weston, Florida	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 		V. JAMES ZENGA		5/26/05 (561) 784-1113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	