

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90316 035 \*\*\*150.00

<b>DOCUMENT # P01000011788</b> 1. Entity Name <b>TREN-D-ZONE, INC.</b>					
Principal Place of Business <b>2101 NW 84 AVE</b> <b>MIAMI, FL 33122</b>			Mailing Address <b>2101 NW 84 AVE</b> <b>MIAMI, FL 33122</b>		
2. Principal Place of Business <b>5900 NW 97 AV</b>		3. Mailing Address <b>5900 NW 97 AV</b>			
Suite, Apt. #, etc. <b>Unit 1</b>		Suite, Apt. #, etc. <b>Unit 1</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-1071146</b>	
Zip <b>33178</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SU, CHICHENG</b> <b>2101 NW 84 AVE</b> <b>MIAMI, FL 33122</b>				7. Name and Address of New Registered Agent Name <b>SU, CHICHENG</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 NW 97 AV</b> <b>Unit 1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	
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 <b>SU, CHICHENG</b> <b>APRIL 22, 2005</b> <small>Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD <input type="checkbox"/> Delete <b>SU, CHICHENG</b> <b>2101 NW 84 AVE</b> <b>MIAMI, FL 33122</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SU, CHICHENG</b> <b>5900 NW 97 AV., Unit 1</b> <b>MIAMI, FL 33178</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>SU, CHICHENG</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>APRIL 22, 2005</b> <b>305 5936289</b> <small>Date Daytime Phone #</small>		

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