

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000011788

1. Entity Name
TREN-D-ZONE, INC.



Principal Place of Business
2101 NW 84 AVE
MIAMI, FL 33122

Mailing Address
2101 NW 84 AVE
MIAMI, FL 33122

2. Principal Place of Business
5900 NW 97 AV

3. Mailing Address
5900 NW 97 AV

Suite, Apt. #, etc.
Unit 1

Suite, Apt. #, etc.
Unit 1

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

33178

33178

Dade

Dade

6. Name and Address of Current Registered Agent

SU, CHICHENG
2101 NW 84 AVE
MIAMI, FL 33122

Name: SU, CHICHENG

Street Address (P.O. Box Number is Not Acceptable)

5900 NW 97 AV

Unit 1

City

Miami

FL Zip Code
33178

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: SU, CHICHENG

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 22, 2005

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SU, CHICHENG		NAME	SU, CHICHENG	
STREET ADDRESS	2101 NW 84 AVE		STREET ADDRESS	5900 NW 97 AV., Unit 1	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI, FL 33178	
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		
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 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:

SU, CHICHENG

APRIL 22, 2005

305 5936289

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00044166



04-25-2005 90316 035 ***150.00

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