


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000069240
 1. Entity Name
 ZENA'S ENTERPRISES, INC.



Principal Place of Business 2780 N.E. 183RD STREET SUITE #2203 AVENTURA, FL 33160	Mailing Address 2780 N.E. 183RD STREET SUITE #2203 AVENTURA, FL 33160
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07232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1116189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUQUE, ALZENIR I
 2780 N.E. 183RD STREET
 SUITE #2203
 AVENTURA, FL 33160

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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: *Alzenir I. Duque* DATE: 7/22/05

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUQUE, ALZENIR
STREET ADDRESS	2780 N.E. 183RD STREET, SUITE 2203
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/27/05-80005-002 158.75

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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: *Alzenir I. Duque* DATE: 7/22/05 (305) 502-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #