


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**


04-21-2004 90016 003 \*\*\*150.00

<b>DOCUMENT # P03000093069</b>	
1. Entity Name <b>ZIGENG ZHANG, INC.</b>	

Principal Place of Business <b>18999 BISCAYNE BLVD., STE. 205 AVENTURA, FL 33180</b>	Mailing Address <b>18999 BISCAYNE BLVD., STE. 205 AVENTURA, FL 33180</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**66420180**



03032004 Chg-P CR2E034 (10/03)

4. FEI Number **16-1681116** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ZHANG, ZI GENG</b>		Name	
<b>7451 NW 57TH ST.</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>TAMARAC, FL 33319</b>		City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZHANG, ZI GENG 68 SOMME ST. #2F NEWARK, NJ 07105 <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
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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:**  **ZI GENG ZHANG**  **4/8/04**

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