

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

01-21-2005 90082 014 ***150.00

DOCUMENT # P04000072225			
1. Entity Name ZENEA, INC.			
Principal Place of Business 8130 W. WATERS AVE. SUITE 200 B TAMPA, FL 33615		Mailing Address 8130 W. WATERS AVE. SUITE 200 B TAMPA, FL 33615 <i>ADDRESS is CORRECT.</i>	
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 201101032		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, STEVEN F ESQ. 412 E. MADISON STREET SUITE 900 TAMPA, FL 33602		7. Name and Address of New Registered Agent Pedro A. Belanzaran, DDS 8130 W. Waters Ave. Suite 200-B City Tampa FL Zip Code 33615	
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 consulting)			
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 NAME STREET ADDRESS CITY- ST- ZIP	P BELAUNZARAN, PEDRO 8130 W. WATERS AVE., SUITE 200 B TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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)(f), 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: <i>Pedro A. Belanzaran</i>		Date: <i>3/15/0</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: <i>(813) 243 4142 work. (813) 478 2219 CELL</i>	

FEI 201101032