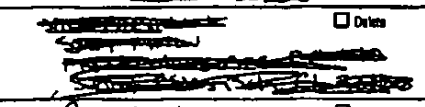


FILED
Sep 10, 2007 8:00 am
Secretary of State

07-16-2007 90181 001 ***150.00
07-16-2007 90181 002 *****8.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000025320			
1. Entity Name ZEN 3, INC			
Principal Place of Business 3731 N. COUNTRY CLUB DRIVE, SUITE 1924 AVENTURA, FL 33180		Mailing Address 3731 N. COUNTRY CLUB DRIVE, SUITE 1924 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 73 SW 12th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 103	
City & State Dania Beach, FL		4. FEI Number 204328990	
Zip 33004		Country	
5. Certificate of Status Desired A		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARI SAKA 3731 N. COUNTRY CLUB DRIVE, SUITE 1924 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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  Signature, typed or printed Name of registered agent and title is acceptable		DATE 7/10/07 (NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	 ☐ Delete	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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Mari Saka 19200 N.E. 29th Ave Unit 103 Aventura, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President SUZY ARIBAS 14345 Collins Ave Apt 610 Sunny Isles Beach, FL 33160 ☐ Delete	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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		DATE 7/10/07 954-921-7371	