

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000025320

1. Entity Name

ZEN 3, INC



08 OCT 14 AM 11:59

Principal Place of Business

73 SW 12TH AVE.  
UNIT 103  
DANIA BEACH FL 33004

Mailing Address

73 SW 12TH AVE  
UNIT 103  
DANIA FL 33004

2. Principal Place of Business - No P.O. Box #

136 NE 1st Ave

3. Mailing Address

136 NE 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

2nd MOORE

CR2E034 (4/08)

4. FEI Number

20-4328990

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

Name

MARI SAKA

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

19800 NE 29TH AVE APT 630

City

AVENTURA FLA FL

Zip Code

33180

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]*

Pres

MARI SAKA

10/6/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 P ☐ Delete  
NAME SAKA, MARI  
STREET ADDRESS 19800 NE 29TH AVE APT 630  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME 300136896063  
STREET ADDRESS 10/14/08--01023--003 \*\*150.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ARIBU, SUZY  
STREET ADDRESS 10355 COLLINS AVE APT 810  
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Aribu, Suzy  
STREET ADDRESS 1755 East PH 1  
CITY-ST-ZIP Hallandale Bch Blvd, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARI SAKA

10/6/08

10/14/08