

FILED  
Jun 14, 2007 8:00 am  
Secretary of State

05-07-2007 90066 042 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000069717

1. Entity Name  
ZENON INVESTMENT CORPORATION



Principal Place of Business Mailing Address  
4547 SW 186TH WAY 4547 SW 186TH WAY  
MIRAMAR, FL 33029 MIRAMAR, FL 33029

66019075



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

63-0592515

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, DALHOUS  
4547 SW 186TH WAY  
MIRAMAR, FL 33029

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 if applicable.

(NOTE: Registered Agent signature required when maintaining)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 P  
NAME JOHNSON, COLIN W  
STREET ADDRESS 4547 SW 186TH WAY  
CITY- ST- ZIP MIRAMAR, FL 33029 ☐ Delete

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

TITLE VP  
NAME CAMPBELL, CRAIG E  
STREET ADDRESS 17085 NW 23 ST  
CITY- ST- ZIP PEMBROKE PINES, FL 33028 ☐ Delete

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

TITLE TREA  
NAME JOHNSON, DALHOUS  
STREET ADDRESS 4547 SW 186TH WAY  
CITY- ST- ZIP MIRAMAR, FL 33029 ☐ 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  
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CITY- ST- ZIP ☐ Delete

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

TITLE  
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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 SIGNING OFFICER OR DIRECTOR

May 1, 2007 (954) 441-6664