


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 044 ***150.00

DOCUMENT # P07000015471

1. Entity Name
ZEN ANTI-AGING HEALTH CENTER, INC.



Principal Place of Business 11200 PINES BLVD. SUITE 101 PEMBROKE PINES FL 33026	Mailing Address 11200 PINES BLVD. SUITE 101 PEMBROKE PINES FL 33026
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2. Principal Place of Business - No P.O. Box # 301 Lincoln Rd	3. Mailing Address
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc.
City & State Miami Beach FL	City & State
Zip 33139	Country

4. FEI Number _____ Applied For Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**ISSA, MONA
 11200 PINES BLVD.
 SUITE 101
 PEMBROKE PINES FL 33026**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ISSA, MONA 11200 PINES BLVD. STE 101 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **2-4-08** **(786)267-0771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #