

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000082089

**FILED**  
**Jun 18, 2009**  
**Secretary of State****Entity Name:** ALPHA ZEN INC.**Current Principal Place of Business:**4131 SOUTHSIDE BLVD  
205  
JACKSONVILLE, FL 32216**New Principal Place of Business:****Current Mailing Address:**4131 SOUTHSIDE BLVD  
205  
JACKSONVILLE, FL 32216**New Mailing Address:****FEI Number:** 26-3310043**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ANA P. ANDESCAVAGE  
4131 SOUTHSIDE BLVD  
205  
JACKSONVILLE, FL 32216 US**Name and Address of New Registered Agent:**SANTOS, WILSON N  
4131 SOUTHSIDE BLVD  
205  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: WILSON N SANTOS

06/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SANTOS, WILSON  
Address: 5481 CYPRESS LINKS BLVD  
City-St-Zip: ELKTON, FL 32033 FL

Title: VP ( ) Delete  
Name: ANDESCAVAGE, ANA P  
Address: 10075 GATE PARKWAY N # 607  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S ( ) Delete  
Name: RODRIGUEZ, MIKE  
Address: 5481 CYPRESS LINKS  
City-St-Zip: ELKTON, FL 32033 US

Title: S ( ) Delete  
Name: ANDESCAVAGE, JOHN J  
Address: 10075 GATRE PARKWAY N # 607  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ANDESCAVAGE, JOHN J  
Address: 10075 GATE PARKWAY N # 607  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON N SANTOS

VP

06/18/2009

Electronic Signature of Signing Officer or Director

Date