

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078576

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** ZHI YAO ZHENG, INCORPORATED

**Current Principal Place of Business:**

2439 CIMMARON ASH WAY  
APOPKA, FL 32703

**New Principal Place of Business:**

5270 BABCOCK STREET, #32  
PALM BAY, FL 32905

**Current Mailing Address:**

2439 CIMMARON ASH WAY  
APOPKA, FL 32703

**New Mailing Address:**

5270 BABCOCK STREET, #32  
PALM BAY, FL 32905

**FEI Number:** 59-3534395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZHENG, ZHI YAO  
2439 CIMMARON ASH WAY  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZHENG, IHA Y  
Address: 2157 E SEMERAN BLVD  
City-St-Zip: APOPKA, FL 32703

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

Title: P (X) Change ( ) Addition  
Name: ZHENG, ZHI YAO  
Address: 5270 BABCOCK STREET, #32  
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ZHI YAO ZHENG

PD

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date