2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 852525

1. Entity Name
ZAR CORP.

Principal Place of Business	Mailing Address
340 PEMBERWICK RD IST FLOOR C/O GREYHAWKE CAPITAL GREENWICH, CT 06831 US	C/O OMNI PARTNERSHIP SERVICES, INC 747 3RD AVE - 31ST PL. NEW YORK, NY 10022 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3065239

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ U00000782361 01/15/08-80070-016 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	CHAZANOFF, JAY
STREET ADDRESS	41 BENEDICT ROAD
CITY-ST-ZIP	STATEN ISLAND, NY
TITLE	VPA
NAME	DAVIS, DANIEL
STREET ADDRESS	22 HICKORY KINGDOM RD
CITY-ST-ZIP	BEDFORD, NY 10506
TITLE	VPA
NAME	ZISES JAY
STREET ADDRESS	965 5TH AVE APT 10-B
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VPA
NAME	ZISES, SELIG
STREET ADDRESS	988 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VPAS
NAME	GOLDBERG, ARTHUR
STREET ADDRESS	25 TIDEWAY
CITY-ST-ZIP	GREAT NECK, NY 11024
TITLE	PT
NAME	ADER RICHARD
STREET ADDRESS	1370 AVE OF THE AMERICAS
CITY-ST-ZIP	NY, NY

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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: _____ JAY CHAZANOFF - VICE PRES. 1/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #