


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P96000030290	
1. Entity Name ZAPATA-ASSOCIATES, INC.	

Principal Place of Business 444 BROADWAY 3RD FLOOR NEW YORK, NY 10013	Mailing Address 444 BROADWAY 3RD FLOOR NEW YORK, NY 10013
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0655611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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B. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000670307
 03/27/07-80106-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZAPATA, CARLOS POB 173 SAUGERTIES, NY 12477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOFF, MELISSA 444 BROADWAY 3RD FL NEW YORK, NY 10013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **3.14.07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #