

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030290

Entity Name: ZAPATA-ASSOCIATES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

444 BROADWAY 3RD FLOOR
NEW YORK, NY 10013

New Principal Place of Business:

52 WALKER STREET
4TH FLOOR
NEW YORK, NY 10013

Current Mailing Address:

444 BROADWAY 3RD FLOOR
NEW YORK, NY 10013

New Mailing Address:

52 WALKER STREET
4TH FLOOR
NEW YORK, NY 10013

FEI Number: 65-0655611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: PTD () Delete
Name: ZAPATA, CARLOS
Address: 70 FLOYD ACKERT RD
City-St-Zip: WEST PARK, NY 12493

Title: DS () Delete
Name: KOFF, MELISSA
Address: 444 BROADWAY 3RD FL
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MELISSA KOFF

SEC

04/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date