

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011147

**Entity Name:** ZAFE LAKAY , SE ZAFE FANMI ( ZALAZAFA ) INC.

**FILED**  
**Mar 23, 2021**  
**Secretary of State**  
**8206703618CC**

**Current Principal Place of Business:**

LUCKSON NEAS  
4706 HARWICH STREET  
ORLANDO, FL 32808

**Current Mailing Address:**

LUCKSON NEAS  
4706 HARWICH STREET  
ORLANDO, FL 32808 US

**FEI Number: 85-3539650**

**Certificate of Status Desired: Yes**

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

NEAS, LUCKSON  
4706 HARWICH STREET  
ORLANDO, FL 32808 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NELCY, MEDGE  
Address 6 AVENUE DE LONGJUMEAU 91600  
City-State-Zip: FRANCE AL 33380

Title VP  
Name NEAS, LUCKSON  
Address 4706 HARWICH STREET  
City-State-Zip: ORLANDO FL 32808

Title S  
Name CASIMIR, DANIELLE  
Address 444 S RIO GRANDE AVE  
City-State-Zip: ORLANDO FL 32839

Title S  
Name VICTOR, MICHAELLE  
Address 7405 VILLAS OAK CRT  
City-State-Zip: ORLANDO FL 32835

Title T  
Name NEASSE, ESNEL  
Address 444 S RIO GRANDE AVE APT. 536 C  
City-State-Zip: ORLANDO FL 32839

Title T  
Name ZEPHIR, CHANTALE C  
Address 7043 KENSINGTON HIGH BLVD  
City-State-Zip: ORLANDO FL 32818

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAELLE VICTOR**

**S**

**03/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date