

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90045 038 \*\*\*150.00

<b>DOCUMENT # 464659</b>	
1. Entity Name Z.F.C. ASSOCIATES, INC.	



Principal Place of Business C/O HERBERT L. FINE, ESQ. 507 ROYAL PALM BCH. BLVD. ROYAL PALM BCH., FL 33411	Mailing Address C/O ALEX HOLLENDER 450-7TH AVE.-SUITE 1802 NEW YORK, NY 10123
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2. Principal Place of Business c/o Jose Fernandez	3. Mailing Address
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Suite, Apt. #, etc. 3350 N.E. 192nd St.	Suite, Apt. #, etc.
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City & State Aventura, FL	City & State
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Zip 33180	Country	Zip	Country
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01112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1562022	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HERBERT L. FINE, ESQ. 507 ROYAL PALM BCH. BLVD. ROYAL PALM BCH., FL 33411	
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7. Name and Address of New Registered Agent Name c/o Jose Fernandez Street Address (P.O. Box Number is Not Acceptable) 3350 N.E. 192nd St. - Apt. 4E City Aventura FL Zip Code 33180	
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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	JOSE FERNANDEZ 1/12/06
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHBACH, RUTH 100 RIVERSIDE DR., APT 3A NEW YORK, NY 10024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZEITLIN, ROBERT N. 118 MYRTLE BOSTON, MA 02114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:	ROBERT V. ZEITLIN	1/16/06	617 523-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #