

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 464659

1. Entity Name
Z.F.C. ASSOCIATES, INC.



Principal Place of Business
**C/O JOSE FERNANDEZ
3350 N.E. 192ND ST
AVENTURA, FL 33180**

Mailing Address
**C/O ALEX HOLLENDER
450-7TH AVE.-SUITE 1802
NEW YORK, NY 10123**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1562022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, C/O JOSE
3350 N.E. 192ND ST APT 4E
AVENTURA, FL 33180**

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IN THIS SPACE**

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 _____
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, 2007 Fee will be \$550.00**

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

**000000606501
01/30/07-80081-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISCHBACH, RUTH
STREET ADDRESS	100 RIVERSIDE DR., APT 3A
CITY- ST- ZIP	NEW YORK, NY 10024
TITLE	PS
NAME	ZEITLIN, ROBERT N.
STREET ADDRESS	118 MYRTLE
CITY- ST- ZIP	BOSTON, MA 02114
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: **ROBERT N. ZEITLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

Date

Daytime Phone #