


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 852525 1. Entity Name ZAR CORP.	
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Principal Place of Business 350 BEDFORD STREET STE 307 HARTFORD, CT 06901 US	Mailing Address C/O OMNI PARTNERSHIP SERVICES, INC 747 3RD AVE - 31ST PL. NEW YORK, NY 10022 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3065239	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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CHAZANOFF, JAY 41 BENEDICT ROAD STATEN ISLAND, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPA DAVIS, DANIEL 747 3RD AVE - 10TH FL NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPA ZISES JAY 767 3RD AVE - 16TH FL NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPA ZISES, SELIG 988 FIFTH AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GOLDBERG, ARTHUR 25 TIDEWAY GREAT NECK, NY 11024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ADER RICHARD 1370 AVE OF THE AMERICAS NY, NY

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01/19/05-80008-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JAY CHAZANOFF - VPS** **1/11/05** **(212) 350-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #