

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49100

FILED
Jan 06, 2009
Secretary of State

Entity Name: ZARA MANAGEMENT CORP.

Current Principal Place of Business:

8 KENSINGTON ST.
LIDO BEACH, NY 11561

New Principal Place of Business:

Current Mailing Address:

8 KENSINGTON ST.
LIDO BEACH, NY 11561

New Mailing Address:

FEI Number: 11-2942979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: D () Delete
Name: RABINOR, ARNOLD J.,
Address: 8 KENSINGTON STREET
City-St-Zip: LIDO BEACH, NY

Title: D () Delete
Name: RABINOR, IRENE
Address: 8 KENSINGTON ST
City-St-Zip: LIDO BEACH, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RABINOR, ARNOLD
Address: 8 KENSINGTON STREET
City-St-Zip: LIDO BEACH, NY 11561

Title: D (X) Change () Addition
Name: RABINOR, IRENE
Address: 8 KENSINGTON ST
City-St-Zip: LIDO BEACH, NY 11561

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: ARNOLD J RABINOR

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date