


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 032 ***158.75

DOCUMENT # P0000096613
 1. Entity Name
ZEFA CORPORATION



Principal Place of Business
 15165 N.W. 77 AVENUE
 SUITE 1002
 MIAMI LAKES, FL 33014

Mailing Address
 15165 N.W. 77 AVENUE
 SUITE 1002
 MIAMI LAKES, FL 33014

04060619



2. Principal Place of Business
 15025 NW 77 Avenue
 Suite, Apt. #, etc.
 #113

3. Mailing Address
 15025 NW 77 Avenue
 Suite, Apt. #, etc.
 #113

07022004 Chg-P CR2E034 (10/03)

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number
 65-1049455

Applied For
 Not Applicable

Zip
 33014

Country
 U S A

Zip
 33014

Country
 U S A

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

6. Name and Address of Current Registered Agent
 MIAMI CORPORATE SYSTEMS, INC.
 283 CATALONIA AVE. 2ND FLOOR
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------|---------------------------------|-----------------------|---------------------------------|
| | PANDO, DOMINGO | 15165 N.W. 77 AVENUE SUITE 1002 | MIAMI LAKES, FL 33014 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------------|----------------|--|-----------------------------------|
| | | 15025 NW 77 Avenue Suite 113 | Miami FL 33014 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Domenico Pando Date: 07/06/04 Daytime Phone #: 305-362-2900