## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91019 010 \*\*\*150 00

1. Entity Name ZAFTA, INC.	112288		05-03-200	)4 91019 010 ***150.00
Principat Place of Business  208 THREE ISLAND BLVD. SUITE 112 HALLANDALE, FL 33009	Mailing Address 208 THREE ISLAND BLVI SUITE 112 HALLANDALE, FL 33009			94081641
2. Principal Place of Business 1340 HARASON ST Suite, Apt. #, etc.	3. Mailing Address	wan st		
	Suite, Apr. #, etc.		03252004 Chg-P	CR2E034 (10/03)
HOUGUOOD FL	HOLLY WOOD	FLORING.	4. FEI Number 80-0033572	Applied For Not Applicable
Zip 330 19 Country	Zip 33019	Country	5Certificate of Status Doolred-	\$8.75 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent	Name 1	7. Name and Address of New F	legistered Agent
ZAJAC, ALEJANDRO		JET	FREY KIRZNER (P.O. Roy, Mymber is Not Acceptable	e)
3750 WEST FLAGLER STREET MIAMI, FL 33134		Street Address	HARRISON ST	
		City 16		Zin Cede
8. The above named entity/submits this statem	ent for the surpose of changing its re	TM	ered agent or both in the State of Ele	FL Zip Cede O/9
the obligations of registered agent.	s.s. or the purpose of changing its re	egistered dirice or regist	erecragerii, or boin, in the state of Fid •	orida. Tarrifamiliar with, and accept
SIGNATURE Signatury typed or printed name of registered	Scort and title if applicable (NOTE)	fffey KIR Registered Agen sign., tule requir	ZNER	03/2464
FILE NOW!!! FEE IS \$150.00 After May 7, 2004 Fee will be \$5	9. Election Campaig 50.00 Trust Fund Contrib AND DIRECTORS		5.00 May Be ided to Fees  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE D  NAME KIRZNER, JEFFREY S  STREET ADDRESS 208 THREE ISLAND BLVD.  CITY-ST-ZIP HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 HARRISON ST HOLLYWOOD FC	Change Addition
TITLE D NAME DI PAOLA, LIZA STREET ADDRESS 208 THREE ISLAND BLVD. CITY-ST-ZIP HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	340 HARRISON ST.	X Change □ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied indicated on this report or supplemental fell of the corporation or the receiver or trustee changed, or on an attachment with an additional supplied in the corporation of the receiver or trustee changed, or on an attachment with an additional supplied in the corporation of the corpora	with this filing does not qualify for toort is true and accurate and that my empowered to execute this report a ess, with all other like empowered.	the exemption stated in a y signature shall have the s required by Chapter 6	Section 119.07(3)(i), Fiorida Statutes, e same legal effect as if made under 07, Fiorida Statutes; and that my nam	I further certify that the information oath; that I am an officer or director e appears in Block 10 or Block 11 if
SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	/ Date	Daytime Phone #