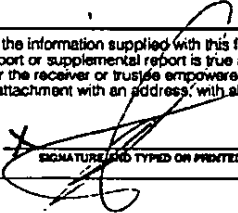


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 01, 2005 8:00 am
Secretary of State

07-08-2005 90023 042 ***150.00

DOCUMENT # P02000012288 1. Entity Name ZAFTA, INC.					
Principal Place of Business 1340 HARRISON ST HOLLYWOOD, FL 33019			Mailing Address 1340 HARRISON ST HOLLYWOOD, FL 33019		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. City & State Zip _____ Country _____		66025296 	
4. FEI Number 80-0033572				Applied For ☐ Not Applicable	
5. Certificate of Status Desired: ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRZNER, JEFFERY 1340 HARRISON ST HOLLYWOOD, FL 33019			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 _____ 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, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRZNER, JEFFREY S 1340 HARRISONS ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DI PAOLA, LIZA 1340 HARRISON ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
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	
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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 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 807, 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: 			03/19/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

06025296

P02 000 012288

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS:

To whom it may concern:

I filed for my annual corporation 03/19/05, but it looks like you did not get it.

I presume it got lost in the mail. That is why you did not get in time.

I have sent again a check for 150.00, hope you will understand the problem.

THANK YOU
JEFFREY KIRZNER
ZAFTA INC.

