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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90742 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012288

1. Entity Name
ZAFTA, INC.

Principal Place of Business	Mailing Address
208 THREE ISLAND BLVD. SUITE 112 HALLANDALE, FL 33009	208 THREE ISLAND BLVD. SUITE 112 HALLANDALE, FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1340 HARRISON STREET	1340 HARRISON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Florida	City & State: Hollywood Florida
Zip: 33019 / Country	Zip: 33019 / Country

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	7. Name and Address of New Registered Agent
ZAJAC, ALEJANDRO 3750 WEST FLAGLER STREET MIAMI, FL 33134	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)

[redacted]

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KIRZNER, JEFFREY S 208 THREE ISLAND BLVD. SUITE 112 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1340 HARRISON ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete DI PAOLA, LIZA 208 THREE ISLAND BLVD. SUITE 112 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1340 HARRISON ST. HOLLYWOOD, FL
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
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

CR2E034 (10/02)

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: Y ______________________________ 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #