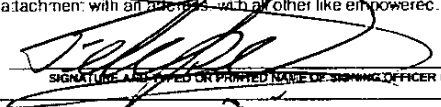


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90365 004 ***150.00

DOCUMENT # P03000157831 1. Entity Name ZELFI PROPERTIES INC.					
Principal Place of Business 3305 E. HILLSBOROUGH AVE. TAMPA, FL 33610			Mailing Address 3305 E. HILLSBOROUGH AVE. TAMPA, FL 33610		
2. Principal Place of Business Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired ☐				Applied For No: Applicable	
6. Name and Address of Current Registered Agent MARTUCCI, FELIPE J 3305 E. HILLSBOROUGH AVE. TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 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-STATE-ZIP	P MARTUCCI, FELIPE J 3305 E. HILLSBOROUGH AVE. TAMPA, FL 33610	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP INFANTE, REGINO JR. 3305 E. HILLSBOROUGH AVE. TAMPA, FL 33610	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-13-06					