

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 026 ***150.00

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1. Entity Name

ZAFTRA, INC.

Principal Place of Business

200 W FORSYTH ST STE 1200
 JACKSONVILLE FL 32202

Mailing Address

200 W FORSYTH ST STE 1200
 JACKSONVILLE FL 32202



2. Principal Place of Business

2208 OCEANFOREST DR. W

3. Mailing Address

2208 OCEANFOREST DR. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ATLANTIC BEACH FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

56-2558907

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32233

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANTINBERG, RICHARD J
 200 W FORSYTH ST STE 1200
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: RONALD A. JOHNSON
 Street Address (P.O. Box Number is Not Acceptable): 2208 OCEANFOREST DR. W.
 ATLANTIC BEACH, FL.
 City: ATLANTIC BEACH, FL. Zip Code: 32233

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

Ronald A. Johnson
 Signature, typed or printed name of registered agent and title if applicable

Ronald A. Johnson

(NOTE: Registered Agent signature required when reinstating)

3/6/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LANTINBERG, RICHARD J ESO.	200 W FORSYTH ST STE 1200	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
PRESIDENT	RONALD A. JOHNSON	2208 OCEANFOREST DR. W.	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
VICE-PRESIDENT	ANYA JOHNSON	2208 OCEANFOREST DR. W.	ATLANTIC BEACH, FL. 32233	<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	Change	Addition
				<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 exemptions contained in Section 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 another like empowered.

SIGNATURE:

Ronald A. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 (904) 710-8283
 Date Daytime Phone #