


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 020 ***150.00

DOCUMENT # P03000132660

1. Entity Name
 ZUZU BLUE, INC.



Principal Place of Business
 1931 SW 52ND AVE
 PLANTATION, FL 33317

Mailing Address
 1931 SW 52ND AVE
 PLANTATION, FL 33317

50047931



2. Principal Place of Business

3. Mailing Address
 754 NW 98th Circle

Suite, Apt. #, etc.
 754 NW 98th Circle

Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State
 Plantation FL

City & State
 Plantation FL

4. FEI Number
 83-0376702

Applied For
 Not Applicable

Zip
 33324

Country
 USA

Zip
 33324

Country
 USA

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

Name
 GLAUSER, STUART H

Street Address (P.O. Box Numbers Not Acceptable)
 12910 SW 84TH ST
 MIAMI, FL 33183

Name
 14446 WEST DIXIE HIGHWAY

City
 MIAMI

State
 FL

Zip Code
 33181

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 D <input type="checkbox"/> Delete	NAME NICOLAUS, PATRICIA GAIL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 754 NW 98th Circle
STREET ADDRESS 1931 SW 52ND AVE	CITY-ST-ZIP PLANTATION, FL 33317	STREET ADDRESS 754 NW 98th Circle	CITY-ST-ZIP Plantation FL. 33324
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE: 4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Filing #