

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000071576**

1. Entity Name  
**BLU-URBAN WEAR, INC.**



Principal Place of Business

**C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE #1014  
FORT WALTON BEACH, FL 32547**

Mailing Address

**C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE #1014  
FORT WALTON BEACH, FL 32547**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0099737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM S  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE  
IN THIS SPACE**

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 re-issuing) DATE \_\_\_\_\_

**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

000000330057  
04/25/05-80143-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CZABAN, RADOSLAW
STREET ADDRESS	POST OFFICE BOX 1292
CITY - ST - ZIP	FORT WALTON BEACH, FL 325491292
TITLE	D
NAME	DENIZARD, SALVADOR JR.
STREET ADDRESS	POST OFFICE BOX 1292
CITY - ST - ZIP	FORT WALTON BEACH, FL 325491292
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

04-22-05 350243-1551