2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2007 8:00 am **DOCUMENT # P04000144910 Secretary of State** 1. Entity Name 02-26-2007 90068 014 ***150.00 BLUZOO USA INC. Principal Place of Business Mailing Address 2900 GLADES CIR #350 2900 GLADES CIR #350 40024363 WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2800 GLADES CIRCLE 2800 GLADES CILCLE Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 02222007 CR2E034 (12/06) 104 SUITE 104 SUITE City & State 4. FEI Number Applied For STON, WESTON, 20-1785993 Not Applicable ^{Zi}333<u>2</u>7 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICOLAS E. CASTRO THE BUSSINES STRATEGY PARTNERS, INC. Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE **SUITE #350** 2800 GLADES CIRCLE WESTON, FL 33327 57E 104 City WESTON of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registere NICOLAS E CASTRO-PRES SIGNATURE. Signature, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition ☐ Delete NAME CASTRO, NICOLAS E NAME 220 CAMERON DRIVE STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change TITLE ☐ Addition NAME ARCE, ALEXANDRA M NAME STREET ADDRESS STREET ADDRESS 220 CAMERON DRIVE WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of trustee employee 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 the proposered. NICOLAS E CASTRO SIGNATURE: _

FILED