


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000122164
 1. Entity Name
 BLU ALLURE, INC



Principal Place of Business Mailing Address
 5200 SW 6TH ST 5200 SW 6TH ST
 PLANTATION, FL 33317 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE



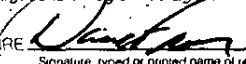
01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5575513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRASER, DAVID
 5200 SW 6TH ST
 PLANTATION, FL 33317

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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

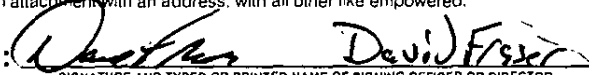
10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	FRASER, DAVID
STREET ADDRESS	5200 SW 6TH ST
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000873698
 04/10/08-80083-016 150.00

DO NOT WRITE IN THIS SPACE

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:  Date: 3-24-08 Daytime Phone #: 954 792 0792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR