2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059799

Entity Name: ZU INDUSTRIES, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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PHB 5600 COLLINS AVENUE 5600 COLLINS AVENUE

MIAMI BEACH, FL 33140 US PHB

MIAMI BEACH, FL 33140 US

Current Mailing Address: New Mailing Address:

PHB 5600 COLLINS AVENUE 5600 COLLINS AVENUE

MIAMI BEACH, FL 33140 US PHB

MIAMI BEACH, FL 33140 US

FEI Number: 26-0204330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, JESSE
PHB 5600 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

JONES, JESSE
5600 COLLINS AVENUE
PHB

MIAMI BEACH, FL 33140 US PHB MIAMI BEACH, FL 33140 US

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.

SIGNATURE: JESSE JONES 02/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: JONES, JESSE Name: JONES, JESSE

Address: PHB 5600 COLLINS AVENUE Address: 5600 COLLINS AVENUE PHB
City-St-Zip: MIAMI BEACH, FL 33140 US
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VTD () Delete Title: VTD (X) Change () Addition

Name: FOIANI, LOUIS Name: FOIANI, LOUIS

Address: PHB, 5600 COLLINS AVENUE Address: 5600 COLLINS AVENUE PHB
City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 WARES, MICHAEL S

 Address:
 Address:
 280 N.W. 121ST TERRACE

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. WARES D 02/05/2009