2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000008651

Entity Name: ZAZA, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3975 NW 4 ST. MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

3975 NW 4 ST. MIAMI, FL 33126

FEI Number: 65-0391511 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:

 VALDES, HECTOR
 VALDES, OSCAR

 3975 NW 4 STREET
 8285 SW 106 STREET

 MIAMI, FL 33126 US
 MIAMI, FL 33156 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: OSCAR VALDES 04/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VALDES, HECTOR
 Name:
 VALDES, OSCAR

 Address:
 3975 NW 4TH STREET
 Address:
 8285 SW 106 STREET

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33156

 $\label{eq:title:ST} \mbox{Title:} \qquad \mbox{S}, \mbox{T} \qquad \mbox{(X) Change ($)$ Addition}$

 Name:
 VALDES, ENRIQUETA O
 Name:
 VALDES, RICARDO

 Address:
 3975 NW 4TH ST.
 Address:
 13771 SW 75 STREET

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33183

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

 Name:
 Name:
 VALDES, ROBERTO

 Address:
 Address:
 9785 SW 52 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSCAR VALDES P 04/11/2005