


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000008651		
1. Entity Name ZAZA, INC.		
Principal Place of Business 3975 NW 4 ST. MIAMI, FL 33126	Mailing Address 3975 NW 4 ST. MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VALDES, OSCAR 8285 SW 106 STREET MIAMI, FL 33156		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, OSCAR 8285 SW 106 STREET MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T VALDES, RICARDO 13771 SW 75 STREET MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, ROBERTO 9785 SW 52 STREET MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Ricardo Valdes</i></u> ST. Ricardo VALDES.		04-25-06 286-299-1624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0391511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000542502
05/10/06-80100-022 150.00

**DO NOT WRITE
IN THIS SPACE**