

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000094772

1. Entity Name
ABLAZE ENTERTAINMENT, INC



Principal Place of Business
**860 NE 212TH TERRACE
APT. 3
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**860 NE 212TH TERRACE
APT. 3
NORTH MIAMI BEACH, FL 33179**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2421158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACCIME, ALIX PSD
860 NE 212TH TERRACE APT. 3
NORTH MIAMI BEACH, FL 33179**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000020445

05/20/08-80066-023 150.00

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ACCIME, ULTHA
860 NE 212TH TERRACE APT 3
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ACCIME, ALIX
860 NE 212TH TERRACE APT 3
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
QUINTANA, MARIE
860 NE 212TH TERRACE APT 3
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALIX ACCIME

4/20/08
Date

796-4867
Daytime Phone #