

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000086155

**Entity Name:** BLAZE SMOKE SHOP, INC.

**Current Principal Place of Business:**

1034 ALTON RD  
MIAMI, FL 33139

**FILED**  
**Sep 13, 2019**  
**Secretary of State**  
**1226647316CC**

**Current Mailing Address:**

1034 ALTON RD  
MIAMI, FL 33139 US

**FEI Number: 83-2269283**

**Certificate of Status Desired: No**

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

MAMAN, ADAM  
300 W COCOA BEACH CAUSEWAY  
COCOA BEACH, FL 32931 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D, P  
Name            MAMAN, ORIYAN  
Address        1034 ALTON RD  
City-State-Zip: MIAMI FL 33139

Title            MANAGER  
Name            MAMAN , LEAH  
Address        1034 ALTON RD  
City-State-Zip: MIAMI FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: ORIYAN MAMAN**

**PRESIDENT**

**09/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date