

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 575901

1. Entity Name

BLAZE INTERNATIONAL, INC.



Principal Place of Business

5380 WOODLAND LAKES DR., #215
PALM BCH GDN FL 33418
US

Mailing Address

5380 WOODLAND LAKES DR., #215
PALM BCH GDN FL 33418
US



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1953002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA FL 33607-5736

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
GELLER, HARVEY
STREET ADDRESS
5380 WOODLAND LKS DR
CITY ST ZIP
PALM BCH GDN FL 33418

TITLE ☐ Delete

NAME
GELLER, DIDI
STREET ADDRESS
5380 WOODLAND LKS DR
CITY ST ZIP
PALM BCH GDN FL 33418

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY ST ZIP
U00000603865
01/29/07-80031-010 150.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 Section 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]

DIDI GELLER

1-22-07

561 626-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #