

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90998 020 \*\*\*150.00

**DOCUMENT # P01000076337**

1. Entity Name  
**BLAIZE CONSTRUCTION, INC.**



Principal Place of Business  
**15014 SOUTHWEST 21ST STREET  
MIRAMAR, FL 33027**

Mailing Address  
**15014 SOUTHWEST 21ST STREET-  
MIRAMAR, FL 33027**



2. Principal Place of Business  
**3600 SOUTH STATE ROAD 7  
SUITE 9**

3. Mailing Address  
**3600 SOUTH STATE ROAD 7  
SUITE 9**

Suite, Apt. #, etc.  
**SUITE 9**  
City & State  
**MIRAMAR, FLORIDA**

Suite, Apt. #, etc.  
**SUITE 9**  
City & State  
**MIRAMAR, FLORIDA**

Zip  
**33023**  
Country  
**U.S.A.**

Zip  
**33023**  
Country  
**U.S.A.**

03252004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1126625**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PSD** ☒ Delete  
NAME **BLAIZE, LATASHA J**  
STREET ADDRESS **15014 SOUTHWEST 21ST STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **VTD** ☐ Delete  
NAME **BLAIZE, DORIAN J**  
STREET ADDRESS **15014 SOUTHWEST 21ST STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

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

TITLE **P/S/T/D** ☒ Change ☐ Addition  
NAME **BLAIZE, DORIAN J.**  
STREET ADDRESS **3600 SOUTH STATE ROAD 7, SUITE 9**  
CITY-ST-ZIP **MIRAMAR, FLORIDA 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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: **03-31-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-31-04** **954-961-0480**  
Date Daytime Phone #