

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 018 ***158.75

DOCUMENT # P03000094772

1. Entity Name
ABLAZE ENTERTAINMENT, INC



*Principal Place of Business Mailing Address
~~860 NE 212 TERRACE~~ ~~860 NE 212 TERRACE~~
~~#3~~ ~~#3~~
~~NORTH MIAMI BEACH, FL 33479~~ ~~NORTH MIAMI BEACH, FL 33479~~

50047633



2. Principal Place of Business 3. Mailing Address
1276 OLYMPIC CIRCLE 1276 OLYMPIC CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.

04152005 Chg-P CR2E034 (10/03)

City & State City & State
GREENACRES, FL GREENACRES - FLORIDA

4. FEI Number Applied For
52-2421158 Not Applicable

Zip Country Zip Country
33413 USA 33413 USA

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

ACCIME, ALIX CEO
860 NE 212 TERRACE
#3
NORTH MIAMI BEACH, FL 33479
Name ACCIME, ALIX
Street Address (P.O. Box Number is Not Acceptable)
1276 OLYMPIC CIRCLE
City GREENACRES FL Zip Code 33413

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]* ALIX ACCIME APR 28 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	PRES	ACCIME ULTHA	860 NE 212 TERRACE #3 MIAMI, FL 33479	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ACCIME ULTHA	1276 OLYMPIC CIRCLE	GREENACRES - FL 33413
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ACCIME, ALIX	1276 OLYMPIC CIRCLE	GREENACRES - FL 33413
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LUDMILLA DOMOND	1270 NE 304 TERRACE	MIAMI - FL 33179
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: *[Signature]* ALIX ACCIME APR 28 2005 (305) 796-4867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #