

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 033 ***150.00

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1. Entity Name
ABLAZE ENTERTAINMENT, INC



Principal Place of Business
11276 OLYMPIC CIRCLE
WEST PALM BEACH, FL 33413

Mailing Address
11276 OLYMPIC CIRCLE
WEST PALM BEACH, FL 33413

90001000



04202006 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 CEO
1276 OLYMPIC CIRCLE
WEST PALM BEACH, FL 33413

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
V. ACCIME, ULTHA
1276 OLYMPIC CIRCLE
WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SP
ACCIME, ALIX
1276 OLYMPIC CIRCLE
WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LUDMILLA, DEMOND
1200 NE 204 TERRACE
MIAMI, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alix Accime

4/15/06

Date

305-7964867

Daytime Phone #