## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000094772

Entity Name: ABLAZE ENTERTAINMENT, INC

FILED Dec 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

860 NE 212TH TERRACE

APT. 3

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

860 NE 212TH TERRACE APT. 3

NORTH MIAMI BEACH, FL 33179

FEI Number: 52-2421158 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ACCIME, ALIX CEO ACCIME, ALIX PSD

860 NE 212TH TERRACE APT. 3
NORTH MIAMI BEACH, FL 33179 US
860 NE 212TH TERRACE APT. 3
NORTH MIAMI BEACH, FL 33179 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: ALIX ACCIME 12/21/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title: VP (X) Change () Addition} \begin{picture} Title: & VP & (X) Change () Addition \\ \end{picture}$ 

Name: ACCIME, ULTHA Name: ACCIME, ULTHA

Address: 860 NE 212TH TERRACE APT 3 Address: 860 NE 212TH TERRACE APT 3 City-St-Zip: NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179

Title: SP ( ) Delete Title: PSD (X) Change ( ) Addition

Name: ACCIME, ALIX Name: ACCIME, ALIX

Address: 860 NE 212TH TERRACE APT 3
City-St-Zip: NORTH MIAMI BEACH, FL 33179
Address: 860 NE 212TH TERRACE APT 3
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Delete Title: VP ( ) Change (X) Addition

Name: Name: QUINTANA, MARIE

Address: Address: 860 NE 212TH TERRACE APT 3
City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALIX ACCIMI PSD 12/21/2007