

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90057 015 ***158.75

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|--|--|---|---|---|--|
| DOCUMENT # P03000099822 | | | | | |
| 1. Entity Name BLONJA ENTERTAINMENT MANAGEMENT, INC. | | | | | |
| Principal Place of Business 4431 NW 168 TER MIAMI, FL 33055 | | | Mailing Address PO BOX 171712 HIALEAH, FL 33017-1712 | | |
| 2. Principal Place of Business 4431 NW 168 th Terr. Suite, Apt. #, etc. Miami, Florida City & State | | 3. Mailing Address P.O. Box 171712 Suite, Apt. #, etc. Hialeah, Florida City & State | | | |
| Zip 33055 Country USA | | Zip 33017-1712 Country USA | | 01122005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 27-0066632 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HILL, MARLON A ESQ. 200 S BISCAYNE BLVD STE 2680 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name <u>Jean Blondell</u> Street Address (P.O. Box Number is Not Acceptable) 4431 NW 168 th Terr. City <u>Miami Gardens</u> FL Zip Code <u>33055</u> | | |
| 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 <u>Jean Blondell</u> (Director/principal) DATE <u>1-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D BLONDELL, JEAN 4431 NW 168 TER MIAMI, FL 33055 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, WILLIE 4431 NW 168 TER MIAMI, FL 33055 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, JOHNNY 4431 NW 168 TER MIAMI, FL 33055 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, JOHNNY 4431 NW 168 TER MIAMI, FL 33055 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, JOHNNY 4431 NW 168 TER MIAMI, FL 33055 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Jean Blondell</u> (Jean Blondell) | | | | Date <u>1-12-05</u> Daytime Phone # <u>305-332-9026</u> | |