


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000099822 1. Entity Name BLONJA ENTERTAINMENT MANAGEMENT, INC.	
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Principal Place of Business 4431 NW 168 TER MIAMI, FL 33055	Mailing Address PO BOX 171712 HIALEAH, FL 33017-1712
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 BLONDELL, JEAN 4431 NW 168TH TERR MIAMI GARDENS, FL 33055

**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

Jeann Bloncell
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

Jan. 26, 2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D BLONDELL, JEAN 4431 NW 168 TER MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, WILLIE 4431 NW 168 TER MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, JOHNNY 4431 NW 168 TER MIAMI, FL 33055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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

Jeann Bloncell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-07 305-636-9573