2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000040910

1. Entity Name
BLAZE PLUMBING & MECHANICAL, INC.

Principal Place of Business	Mailing Address
12570 SW 45 STREET	12570 SW 45 STREET
MIAMI, FL 33175	MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

FILED
Jul 25, 2008 08:00 AM
Secretary of State

07212008   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0582200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, JANET
12570 SW 45 STREET
MIAMI, FL 33175

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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.

U00000956334
07/25/08-80003-023 150.00

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 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUTCH, JANET
STREET ADDRESS	12570 SW 45 STREET
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____   7/21/08   305-220-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #