

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 005 ***558.00

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1. Entity Name
THE BLASE' CAFE, CORP.



Principal Place of Business

**5263 OCEAN BLVD #9
SARASOTA, FL 34242**

Mailing Address

**5263 OCEAN BLVD #9
SARASOTA, FL 34242**

00000106



DO NOT WRITE IN THIS SPACE

08022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0722388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRESLIN, CYNTHIA J
5263 OCEAN BLVD #9
SARASOTA, FL 34242**

**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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRESLIN, CYNTHIA J
STREET ADDRESS	5263 OCEAN BLVD #9
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

Date

Daytime Phone #