
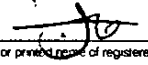
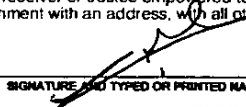


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 018 ***158.75

DOCUMENT # P02000103567 1. Entity Name BLING, BLING CORP.																											
Principal Place of Business 3015 NW 79TH STREET 3536 MIAMI, FL 33147		Mailing Address 3015 NW 79TH STREET 3536 MIAMI, FL 33147																									
2. Principal Place of Business 399 NW 72 ND AVE Suite, Apt. #, etc. 101 City & State MIAMI, FL Zip 33126 Country USA		3. Mailing Address 399 NW 72 ND AVE Suite, Apt. #, etc. 101 City & State MIAMI, FL Zip 33126 Country USA																									
4. FEI Number 49-1975846		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01102006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent ELCHAMI, HILAL F 6870 SW 44 STREET 105 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name MAHER DAMOUNY Street Address (P.O. Box Number is Not Acceptable) 399 NW 72 AVE #101 City MIAMI FL Zip Code 33126																									
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  DATE 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME ELCHAMI, HILAL F</td> <td style="width:10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>6870 SW 44 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	P	NAME ELCHAMI, HILAL F	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		6870 SW 44 STREET		CITY-ST-ZIP		MIAMI, FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME MAHER DAMOUNY</td> <td style="width:10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>399 NW 72 AVE #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>		TITLE	P	NAME MAHER DAMOUNY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS		399 NW 72 AVE #101		CITY-ST-ZIP		MIAMI, FL 33126	
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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: 		Date 1/10/06 Time 305-989-5656																									