

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 037 ***150.00

DOCUMENT # P02000103567

1. Entity Name
MASTER BLING BLING JEWELRY CORP.



40046888



03302007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
399 NW 72ND AVE 399 NW 72ND AVE
#101 #101
MIAMI, FL 33126 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6800 SW 40th Street 6800 SW 40th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
160 160

City & State City & State
Miami, Florida Miami, Florida
Zip Country Zip Country
33155 Dade 33155 Dade

4. FEI Number Applied For
49-1975846 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
CHAMI, ABDUL MAHER DAMOUNY
6800 SW 40 ST #125 Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33155
6800 SW 40th Street #160
City City FL Zip Code
Miami 33155

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|--|---|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHAMI, ABDUL | | NAME | Maher Damouny | |
| STREET ADDRESS | 6800 SW 40 ST #125 | | STREET ADDRESS | 6800 SW 40th Street #160 | |
| CITY-ST-ZIP | MIAMI, FL 33155 | | CITY-ST-ZIP | Miami, Florida 33155 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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

3-30-07

Date

305-989-5656

Daytime Phone #