


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90233 016 \*\*\*150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P04000100028</b><br>1. Entity Name<br><b>BLING AT BLU, INC.</b>   |   |    |   |
| Principal Place of Business<br><b>8326 NW 62ND PLACE</b><br><b>POMPANO BEACH, FL 33067</b>  |   | Mailing Address<br><b>8326 NW 62ND PLACE</b><br><b>POMPANO BEACH, FL 33067</b>  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |
| City & State<br><b>Parkland, FL</b>   |   | City & State<br><b>Parkland, FL</b>   |   |
| Zip<br>   |   | Zip<br>   |   |
| Country   |   | Country   |   |
| 4. FEI Number<br><b>35-2234258</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BALLEN, SAMUEL D</b><br><b>2295 NW CORPORATE BLVD STE 117</b><br><b>BOCA RATON, FL 33431</b>   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                         |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PT<br>GOLDSTEIN, STEPHANIE<br>8326 NW 62ND PLACE<br>POMPANO BEACH, FL 33067 | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VPS<br>POLLACK, SHARI<br>19197 SKYRIDE CIR<br>BOCA RATON, FL 33498          | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 the empowered. |   |   |   |
| <b>SIGNATURE:</b> <i>Stephanie Goldstein</i>  |   | Date <b>4-19-06</b> Daytime Phone #   |   |