

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90090 023 ***150.00

DOCUMENT # P05000059642

1. Entity Name

IT'S ALL IN THE BLING, INC.



Principal Place of Business

201 GOLDEN ISLES DR. APT. 309
HALLANDALE BEACH FL 33009-8823

Mailing Address

201 GOLDEN ISLES DR. APT. 309
HALLANDALE BEACH FL 33009-8823

2. Principal Place of Business

As listed Above
Suite, Apt. #, etc. "

3. Mailing Address

As listed Above
Suite, Apt. #, etc. "

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1734720

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAY, ALEXANDRA
201 GOLDEN ISLES DR. APT. 309
HALLANDALE BEACH FL 33009-8823

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

FL

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

Alexandra Dray

Alexandra Dray

04-03-06

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DRAY, ALEXANDRA
STREET ADDRESS 201 GOLDEN ISLES DR. APT. 309
CITY-ST-ZIP HALLANDALE BEACH FL 33009-8823

TITLE D ☐ Delete
NAME GAETA, ENRICO
STREET ADDRESS 201 GOLDEN ISLES DR. APT. 309
CITY-ST-ZIP HALLANDALE BEACH FL 33009-8823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alexandra Dray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-03-06 1820

991-471-