

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000086474

Entity Name: 786 BLESS INC

FILED  
Oct 19, 2009  
Secretary of State

## Current Principal Place of Business:

12133 LITTLE RD  
HUDSON, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

12133 LITTLE RD  
HUDSON, FL 34677 US

## New Mailing Address:

FEI Number: 35-2346444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LALANI, MINHAZ  
15613 SHOAL CREEK PL  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LALANI, MINHAZ  
Address: 15613 SHOAL CREEK PL  
City-St-Zip: ODESSA, FL 33556

Title: SD ( ) Delete  
Name: KHOJA, ABDUL  
Address: 3021 STATE RD 590  
City-St-Zip: CLEARWATER, FL 33759 US

Title: TD ( ) Delete  
Name: MOHAMMADALI, AKBAR  
Address: 12713 STANWYCK CIR  
City-St-Zip: TAMPA, FL 33626 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: LALANI, MINHAZ  
Address: 15613 SHOAL CREEK PL  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MOHAMMADALI, AKBAR  
Address: 12713 STANWYCK CIR  
City-St-Zip: TAMPA, FL 33626 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AKBAR MOHAMMADALI

PD

10/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date