


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 028 ***150.00

DOCUMENT # P01000022322

1. Entity Name
PURPLE SHOE MODELING AND PRODUCTION, INC.



Principal Place of Business
**825 BRICKELL BAY DRIVE, STE 251
 MIAMI, FL 33131**

Mailing Address
**825 BRICKELL BAY DRIVE, STE 251
 MIAMI, FL 33131**

12000010



2. Principal Place of Business
5266 NW 114 Ave #104
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04182004 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State

4. FEI Number
65-1142782

Applied For
 Not Applicable

Zip
33178

Country
USA

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HILEANA, FABIEN
 825 BRICKELL BAY DR, SUITE 251
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name
HILEANA FABIEN
 Street Address (P.O. Box Number is Not Acceptable)
5266 NW 114 Ave. #104
 City
Miami FL Zip Code
33178

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: *[Signature]* **HILEANA FABIEN** DATE: **4/18/04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. PVST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FABIEN, HILEANA <input type="checkbox"/> Delete 10050 NW 44TH #101 MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FABIEN, HILEANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5266 NW 114 Ave. #104 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIEN, HILEANA <input type="checkbox"/> Delete 10050 NW 44TH #101 MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIEN, HILEANA <input type="checkbox"/> Change <input type="checkbox"/> Addition 5266 NW 114 Ave #104 Miami, FL 33178.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Hileana fabien** DATE: **4/18/04**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

305-5911956