

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022322

FILED
Apr 28, 2005
Secretary of State

Entity Name: PURPLE SHOE MODELING AND PRODUCTION, INC.

Current Principal Place of Business:

5266 NW 114 AVE
#104
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

825 BRICKELL BAY DRIVE, STE 251
MIAMI, FL 33131

New Mailing Address:

5266 NW 114 AVENUE
#104
MIAMI, FL 33178

FEI Number: 65-1142782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HILEANA, FABIEN
5266 NW 114 AVE
#104
MIAMI, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FABIEN, HILEANA
Address: 5266 NW 114 AVE., #104
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: FABIEN, HILEANA
Address: 5266 NW 114 AVE., #104
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HILEANA FABIEN

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04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date