


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000044754
 1. Entity Name
 MODEL MANAGEMENT, CORP.



Principal Place of Business Mailing Address
 1621 S.E. 8TH STREET 1621 S.E. 8TH STREET
 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 90-0008836 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 SILVERSTEIN, CHERIE
 1621 S.E. 8TH STREET
 FORT LAUDERDALE, FL 33316

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000178643
 01/12/05-80036-009 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SILVERSTEIN, CHERIE 1621 S.E. 8TH STREET FORT LAUDERDALE, FL 33316 |
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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: Cherie H. Silverstein Date: 1/10/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR