## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 17, 2007 08:00 AM Secretary of State **DOCUMENT # P02000011754** 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 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0008836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVERSTEIN, CHERIE DO NOT WRITE 1621 S.E.8TH STREET FORT LAUDERDALE, FL 33316 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000588760 Trust Fund Contribution. Added to Fees 01/17/07-80084-017 150.00 10. OFFICERS AND DIRECTORS TITLE NAME SILVERSTEIN, CHERIE STREET ADDRESS **1621 S.E.8TH STREET** CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

Cherie Silverstein SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

> 1.10.07 Date

9547617887

Daytime Phone #