## May 26, 2005 8:00 am 2005 FOR PROFIT CORPORATION Secretary of State ANNUAL REPORT DOCUMENT # P04000139643 05-26-2005 90029 007 \*\*\*150.00 1. Entity Name **FASHION MODELS, INC.** Principal Place of Business Mailing Address 9110 FONTAINEBLEU BLVD. 9110 FONTAINEBLEU BLVD. #406 #406 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 8888 SW 131 CT 3. Mailing Address SPPP SW BICT Suite, Apt. #, etc. 205 Suite. Apt #, etc. CR2E034 (10/03) 05232005 4. FEI Number 0-1847313 Applied For City & State City & State MIAMI MIAMI FL Not Applicable Country \$8.75 Additional Zip 33186 5. Certificate of Status Desired MIAMI-DADE MIAMI -DUDE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTUPIÑAN, GUADALUPE (P.O. Box Number is Not Acceptable) 514 NORTH 24TH AVENUE HOLLYWOOD, FL 33020 MIAMI 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. 1000 (NOTF: Registered Agent signature required when reinstating) ed agent and title it applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Change Change TITLE ☐ Delete DILE ESTUPIÑAN, OLGA FASESW 131CT BAT. 205 MAME NAME STREET ADDRESS 514 NORTH 24TH AVENUE STREET ADDRESS MIAMI EL 33186 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITLE ESTUPIÑAN, GUADALUPE NAME NAME ASSS SW 13/CT APT. 205 STREET ADDRESS 514 NORTH 24TH AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP MIAMI FL 3318C ☐ Delete TITLE TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

NT G

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \

**FILED** 

Daylore Phone #