

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90005 020 \*\*\*150.00

**DOCUMENT # J89279**

1. Entity Name  
**ALEXA MODEL AND TALENT MANAGEMENT AGENCY, INC.**



Principal Place of Business  
**4100 W. KENNEDY BLVD.  
228  
TAMPA, FL 33607 US**

Mailing Address  
**4100 W. KENNEDY BLVD.  
228  
TAMPA, FL 33607 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**40043701**

**04032006 Chg-P CR2E034 (11/05)**

**4. FEI Number 59-2874769**

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

**6. Name and Address of Current Registered Agent**

**SCHER, SUSAN S  
4100 W. KENNEDY BLVD.  
228  
TAMPA, FL 33607**

**7. Name and Address of New Registered Agent**

Name **SCHWABINGER, SUSAN S.**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **Susan Scher** **4/4/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                 |                                   |                                 |
|-----------------|-----------------------------------|---------------------------------|
| TITLE           | <b>PST</b>                        | <input type="checkbox"/> Delete |
| NAME            | <b>SCHER, SUSAN S.</b>            |                                 |
| STREET ADDRESS  | <b>4100 W. KENNEDY BLVD., 228</b> |                                 |
| CITY - ST - ZIP | <b>TAMPA, FL</b>                  |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | <b>PST</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | <b>SCHWABINGER, SUSAN S.</b> |  |
| STREET ADDRESS  |                              |  |
| CITY - ST - ZIP |                              |  |

**MAKE COPY AFTER  
SIGNING +  
ATTACH CK STUB  
TO IT. THANKS  
N**

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.

SIGNATURE **Susan Scher** **4/4/06 813-289-8020**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #