2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000082890

Entity Name: BLAKPRO MODEL MANAGEMENT, LLC

Current Principal Place of Business:

6534 NW 2ND ST
MARGATE, FL 33310 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100292
FORT LAUDERDA.LE, FL 33310 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGLIN, JERMAINE
6534 NW 2ND ST
MARGATE, FL 33310 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

MANAGING MEMBERS/MANAGERS:

Title:	CEO	( ) Delete
Name:	ANGLIN, JERMAINE	
Address:	P.O. BOX 100292	
City-St-Zip:	FORT LAUDERDALE, FL 33310 US	
Title:	P	( ) Delete
Name:	GUILLAUME, CHARLO	
Address:	P.O. BOX 741762	
City-St-Zip:	BOYNTON BEACH, FL 33474 US	
Title:	VP	( ) Delete
Name:	HELNE, DJENIE R	
Address:	P.O. BOX 741762	
City-St-Zip:	BOYNTON BEACH, FL 33474 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLO GUILAUME P 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date