

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90069 002 ***158.75

DOCUMENT # M36545

1. Entity Name
INTERNATIONAL MODELS, INC.



Principal Place of Business

**8415 CORAL WAY
SUITE 205
MIAMI, FL 33155 US**

Mailing Address

**8415 CORAL WAY
SUITE 205
MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2714374

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$9.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORTALES, TERESA
8415 CORAL WAY
SUITE 205
MIAMI, FL 33155**

**DO NOT WRITE
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

**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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
PORTALES, TERESA
8415 CORAL WAY #205
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
AZCUY, JENESSY
10049 NW 58TH TERRACE
MIAMI, FL 33178**

**10548 NW 57 ST
Doral, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Teresa Portales **PRESIDENT**

2-8-06 305-266-6331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #