

2004 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032004 REIN-P CR2E098 (6/04)

DOCUMENT # P00000055702			
1. Entity Name INTRIGUE MODELING INC.			
Principal Place of Business 317 E. PROSPECT RD. FT. LAUDERDALE, FL 33334		Mailing Address 317 E. PROSPECT RD. FT. LAUDERDALE, FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1024050		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCINI, FRANK J 2128 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: Ann M. Snizek Street Address (P.O. Box Number is Not Acceptable): 317 E. PROSPECT RD. City: Pompano Beach, FL 33060	
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: <i>Ann M. Snizek</i>		Ann Snizek 11-22-04	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE			
FILE NOW!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNIEZEK, ANNIE 317 E. PROSPECT RD. FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Ann M. Snizek</i>		Ann Snizek 11-22-04 954 776 4700	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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To Whom It May Concern:

I'm writing in reference to a letter I received a few weeks ago. The letter states I owe a reinstatement fee. I sent the Division of Corp. a letter a while back stating I never received any notices for my corp thus receiving a letter back stating the reinstatement fee was waived. Enclosed is a check for \$150 for my 2005 corp. as well as the document with the corrections needed. If there are any questions, my daytime phone number is 954-501-3643. Thank you for your help regarding this matter.

Ann M. Sniezek

Ann M Sniezek
president