2005 FOR PROFIT CORPORATION

SIGNATURE:

## FILED Jan 26, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P02000063213 1. Entity Name 01-26-2005 90001 028 \*\*\*150.00 SUZI'S INTERNATIONAL MODELS, INC. Principal Place of Business Mailing Address 11430 FALLOW DEER CT. 8600 BRITTANIA DR. 40006324 FORT MYERS FL 33912 FT. MYERS FL 33912 Principal Place of Business Mailing Address 430 FAILDW DOLA CX 1430 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 03-0472121 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PP Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOSFIELD, JOSEPH E -8600 BRITTANIA DR:- 11430 FAILOW DEEN Ct. FORT MYERS FL 33912 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change HILE PS THILE ☐ Addition ☐ Delete HOSFELD, SUZI NAME NAME 8600 BRITTANIA DR SOE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TUBE VΤ ☐ Defete TITLE Change ☐ Addition NAME HOSFELD, JOSEPH NAME SCOO BRITTANIA DR SLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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 alhother like empowered.

OFFICER OR DIRECTOR