2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90029 007 ***150.00

DOCUMENT # P04000139643

1. Entity Name
FASHION MODELS, INC.

Principal Place of Business	Mailing Address
9110 FONTAINEBLEU BLVD. #406 MIAMI, FL 33172	9110 FONTAINEBLEU BLVD. #406 MIAMI, FL 33172

05232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8888 SW 131 CT		8888 SW 131 CT	
Suite, Apt #, etc. 205		Suite, Apt. #, etc. 205	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33186	Country MIAMI-DADE	Zip 33186	Country MIAMI-DADE

4. FEI Number 20-1847313 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTUPIÑAN, GUADALUPE 514 NORTH 24TH AVENUE HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) 8888 SW 131 CT APT 205 City MIAMI FL Zip Code 33186

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 Guadalupe Estupiñan 5/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTUPIÑAN, OLGA 514 NORTH 24TH AVENUE HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8888 SW 131 CT APT. 205 MIAMI FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S ESTUPIÑAN, GUADALUPE 514 NORTH 24TH AVENUE HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8888 SW 131 CT APT. 205 MIAMI FL 33186	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Guadalupe Estupiñan 5/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #