

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 042 ***150.00

DOCUMENT # P05000111519					
1. Entity Name DOROTHY COMBS MODELS INC.					
Principal Place of Business 9920 COLLINS AVE #20 BAL HARBOUR, FL 33154 US			Mailing Address 9920 COLLINS AVE #20 BAL HARBOUR, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 12550 Biscayne Blvd. - STE 500 Suite, Apt. #, etc. North Miami, FL City & State 33181 USA Zip Country		3. Mailing Address 12550 Biscayne Blvd. - STE 500 Suite, Apt. #, etc. North Miami, FL City & State 33181 USA Zip Country			
4. FEI Number 75-3198876		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 COMBS, DOROTHY E 9920 COLLINS AVE #20 BAL HARBOUR, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd. - STE. 500 City North Miami FL Zip Code 33181		
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: DATE: 4/2/2008 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 COMBS, DOROTHY E 9920 COLLINS AVE #20 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		4/2/2008		305-459-0553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	