


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 Mailing Address

9920 COLLINS AVE 9920 COLLINS AVE
 #20 #20
 BAL HARBOUR, FL 33154 US BAL HARBOUR, FL 33154 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

12550 Biscayne Blvd. - STE 500 **12550 Biscayne Blvd. - STE 500**

Suite, Apt. #, etc. Suite, Apt. #, etc.

North Miami, FL **North Miami, FL**

City & State City & State

33181 USA **33181 USA**

Zip Country Zip Country



04022008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

75-3198876 Not Applicable

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

6. Name and Address of Current Registered Agent

COMBS, DOROTHY E
9920 COLLINS AVE
#20
BAL HARBOUR, FL 33154

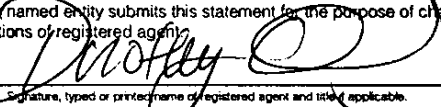
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12550 Biscayne Blvd. - STE. 500

City State Zip Code
North Miami FL 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**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
P	COMBS, DOROTHY E	9920 COLLINS AVE #20	BAL HARBOUR, FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4/2/2008** Daytime Phone #: **305)459-0553**

Signature and typed or printed name of signing officer or director