


FILED
Jun 26, 2007 8:00 am
Secretary of State

06-12-2007 90112 012 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000005107			
1. Entity Name MAYA'S MODELS MANAGEMENT, INC.			
Principal Place of Business 519 CLEVELAND STREET SUITE 211 CLEARWATER, FL 33755 US		Mailing Address 519 CLEVELAND STREET SUITE 211 CLEARWATER, FL 33755 US	
2. Principal Place of Business - No P.O. Box # 519 CLEVELAND		3. Mailing Address 519 CLEVELAND	
Suite, Apt. #, etc. #211		Suite, Apt. #, etc. #211	
City & State CLEARWATER		City & State CLEARWATER	
Zip 33755 Country U.S.A.		Zip 33755 Country U.S.A.	
4. FEJ Number 20: 4109382		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 MOUIS, MAYA M 675 99TH AVENUE NORTH APT. 102 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name MAYA MOUIS Street Address (P.O. Box Number is Not Acceptable) 675 99 AVE NORTH # 102 City ST. PETERSBURG FL Zip Code 33702	
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: <u>MAYA M MOUIS</u> <u>Maya M Mouis</u> <u>May 23/07</u> (NOTE: Registered Agent signature required when terminating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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: <u>Maya Mouis</u> <u>June 107</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			