

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90834 026 ***150.00

DOCUMENT # P06000069767					
1. Entity Name Latin Top Models, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 10110 S.W. 154th Cir Ct. Suite, Apt. #, etc. Suite 105 City & State Miami, FL Zip 33196			3. Mailing Address 10110 S.W. 154th Cir Ct. Suite, Apt. #, etc. Suite 105 City & State Miami, FL Zip 33196		
Country USA			Country USA		
DO NOT WRITE IN THIS SPACE					
4. FEI Number 20-4901154				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name Arias, Elizabeth					
Street Address (P.O. Box Number is Not Acceptable) 2091 Renaissance Blvd.					
Apt. 204					
City Miramar				FL Zip Code 33025	
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>Elizabeth Arias</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE D/P NAME Arias, Elizabeth STREET ADDRESS 2091 Renaissance Blvd., Apt. 204 CITY - ST - ZIP Miramar, FL 33025					
TITLE D/S/T NAME Escandon, Maria C. STREET ADDRESS 10110 S.W. 154th Cir. Ct. CITY - ST - ZIP Miami, FL 33196					
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Elizabeth Arias</u> Elizabeth Arias					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone # 786-597-0648 786-443-8923	

CR2E034B (12/02)