

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 033 ***150.00

DOCUMENT # P06000069767

1. Entity Name
LATIN TOP MODELS, INC.



Principal Place of Business

10110 SW 154 CIR CT
105
MIAMI, FL 33196

Mailing Address

10110 SW 154 CIR CT
105
MIAMI, FL 33196

40096992



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

10110 SW 154 CIR-CT #105

3. Mailing Address

10110 SW 154 CIR-CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

05012008 Chg-P CR2E034 (12/06)

City & State

Miami-FL

City & State

Miami-FL

4. FEI Number

20-4901154

Applied For

Not Applicable

Zip

33196

Country

U.S.A

Zip

33196

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARIAS, ELIZABETH
2091 RENAISSANCE BLVD
APART 204
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Elizabeth Arias*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/08

**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 P, D ☒ Delete
NAME ARIAS, ELIZABETH
STREET ADDRESS 2091 RENAISSANCE BLVD, # 204
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE STD ☐ Delete
NAME ESCANDON, MARIA C
STREET ADDRESS 10110 SW 154 CIR CT # 105
CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D ☒ Change ☐ Addit
NAME ARIAS ELIZABETH
STREET ADDRESS 2560 SW 189 AVE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Arias*