## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000107750

Entity Name: MODEL MASTERS INC

City-St-Zip:

FILED Oct 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3660 NE 166TH STREET 19275 BISCAYNE BLVD. SUITE 213 411 NORTH MIAMI BEACH, FL 33160 US AVENTURA, FL 33180 US **New Mailing Address: Current Mailing Address:** 19275 BISCAYNE BLVD. 3660 NE 166 TH STREET SUITE 213 NORTH MIAMI BEACH, FL 33160 US AVENTURA, FL 33180 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LITWAK, MENEAHEM 3660 NE 166TH STREET NORTH MIAMI BEACH, FL 33160 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LITVAK, ALON Name: Name: 1530 NE 191ST STREET APT 321 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: LITWAK, MENAHEM Name: 3660 NE 166TH STREET APT 411 Address: Address: NORTH MIAMI BEACH, FL 33160 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete TR Name: NARANJO, NATALIA Name: 1819 SE 17TH STEET UNIT 509 Address Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

FT.LAUDERDALE, FL 33316

SIGNATURE: ML VP 10/11/2007