

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107750

Entity Name: MODEL MASTERS INC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

19275 BISCAYNE BLVD.
SUITE 213
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19275 BISCAYNE BLVD.
SUITE 213
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITWAK, MENEHEM
3660 NE 166TH STREET
411
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LITVAK, ALON
Address: 1530 NE 191ST STREET APT 321
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: VP () Delete
Name: LITWAK, MENEHEM
Address: 3660 NE 166TH STREET APT 411
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: TR (X) Delete
Name: NARANJO, NATALIA
Address: 1819 SE 17TH STEET UNIT 509
City-St-Zip: FT.LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LITVAK, ALON
Address: 1530 NE 191ST STREET APT 321
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: P (X) Change () Addition
Name: LITWAK, MENEHEM
Address: 3660 NE 166TH STREET APT 411
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ML _____

Electronic Signature of Signing Officer or Director

P _____

04/10/2008 _____

Date