


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 044 ***160.00

DOCUMENT # P06000134028					
1. Entity Name BALANCE 21 MODEL'S SOCIETY & DIVISION OF EXOTIC TALENT UNION, INC.					
Principal Place of Business 1911 NW 35TH ST MIAMI, FL 33142			Mailing Address 1911 NW 35TH ST MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 421749			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL		4. FEI Number 13-4346717	
Zip	Country	Zip 33142	Country DaDe	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EXANTUS, FRANTZ 1911 NW 35TH ST MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jessica Saavedra 1949 NE 70 AVE Miami FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19499 NE 10 AVE APT Miami FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, STEVE 1911 NW 35TH ST MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Briagett Kelly 1270 NE 119 ST Miami FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1270 NE 119 ST Miami FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPHS, ALIANA 1911 NW 35TH ST MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Exantus Frantz 51 Glenview ST Boston MA 02121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 51 Glenview ST Boston MA 02121	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAKIM 3629 NE 188 ST Miami FL 33142 <input type="checkbox"/> Delete Avantus R 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: Frantz Exantus			4/29/07 3106517341 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		