

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 034 ***158.75

DOCUMENT # P06000149320

1. Entity Name

GLOBAL MODEL EXPO, INC.



Principal Place of Business

7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141
US

Mailing Address

7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141
US



2. Principal Place of Business - No P.O. Box #
2829 Indian Creek Dr

Suite, Apt. #, etc.

1201

3. Mailing Address

2829 Indian Creek Drive

Suite, Apt. #, etc.

1201

1st MOORE

CR2E034 (10/06)

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

74-3196237

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAROS-KLEIN, ELIZABETH
7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Claros-Klein Elizabeth

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

2829 Indian Creek Drive #1201

City

Miami Beach

FL

Zip Code

33140

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 L. Claros-Klein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CLAROS-KLEIN, ELIZABETH**
STREET ADDRESS **7135 COLLINS AVE SUITE 1124**
CITY - ST - ZIP **MIAMI BEACH FL 33141**

TITLE **VP** ☐ Delete
NAME **KLEIN, SHAWN**
STREET ADDRESS **7135 COLLINS AVE SUITE 1124**
CITY - ST - ZIP **MIAMI BEACH FL 33141**

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.** ☒ Change ☐ Addition
NAME **Claros-Klein, Elizabeth**
STREET ADDRESS **2829 Indian Creek Drive #1201**
CITY - ST - ZIP **Miami Beach FL 33140**

TITLE **VP** ☒ Change ☐ Addition
NAME **Klein, Shawn**
STREET ADDRESS **2829 Indian Creek Drive #1201**
CITY - ST - ZIP **Miami Beach FL 33140**

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

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

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

TITLE ☐ Change ☐ Addition
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 Section 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:

Elizabeth L. Claros-Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

786 269 9649

Daytime Phone #