

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000045703

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ESPADA MODEL MANAGEMENT INC

**Current Principal Place of Business:**

601 CHANNELSIDE WALK WAY  
SUITE 1136  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

601 CHANNELSIDE WALK WAY  
SUITE 1136  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 45-2303133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, FREDERICK J  
1200 W. PLATT STREET  
SUITE 100  
TAMPA, FL 33606 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAIRE, BENJAMIN IV  
Address: 17909 CRAWLEY RD  
City-St-Zip: KEYSTONE, FL 33556

Title: SC  
Name: ELBANNA, ALEX  
Address: 17919 CRAWLEY ROAD  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: ALEX ELBANNA

SC

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date