


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90018 046 ***150.00

DOCUMENT # P26104			
1. Entity Name FORD MODELS, INC.			
Principal Place of Business 142 GREENE ST 4TH FL NY, NY 10012 US		Mailing Address 142 GREENE ST 4TH FL NY, NY 10012-3 US	
2. Principal Place of Business 111 FIFTH AVE		3. Mailing Address 111 FIFTH AVE	
Suite, Apt. #, etc. 9th Floor		Suite, Apt. #, etc. 9th Floor	
City & State NEW YORK NY		City & State NEW YORK NY	
Zip 10003	Country USA	Zip 10003	Country USA
4. FEI Number 06-1185749		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, GERARD W.	NAME	
STREET ADDRESS	2 FIELDVIEW LANE	STREET ADDRESS	
CITY-ST-ZIP	CALIFON, NJ	CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, EILEEN O.	NAME	
STREET ADDRESS	2 FIELDVIW LANE	STREET ADDRESS	
CITY-ST-ZIP	CALIFON, NJ	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, MARY KATHERINE	NAME	
STREET ADDRESS	142 GREEN ST.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10012	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, GERARD W., JR.	NAME	
STREET ADDRESS	1695 SHIPPAN AVE	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, JOHN	NAME	
STREET ADDRESS	617 WEST END AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date: 2/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 212 219 6500	