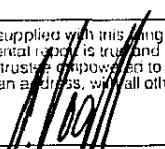


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90023 015 ***150.00

DOCUMENT # P93000070599					
1. Entity Name M-PIRE, INC., AGENCY FOR MODELS AND MARKETING					
Principal Place of Business 110 E ATLANTIC AVE SUITE 235 DELRAY BEACH, FL 33444			Mailing Address 110 E ATLANTIC AVE SUITE 235 DELRAY BEACH, FL 33444		
2. Principal Place of Business - No P.O. Box # 141 NW 20th ST.			3. Mailing Address 141 NW 20th ST.		
Suite, Apt. #, etc. B-5			Suite, Apt. #, etc. B-5		
City & State BOCA RATON, FL			City & State BOCA RATON, FL		
Zip 33431		Country USA		Zip 33431	
		Country USA			
4. FEI Number 65-0439405				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUPARDO, CONCETTA 110 E ATLANTIC AVE SUITE 235 DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name LUPARDO, CONCETTA Street Address (P.O. Box/Number is Not Acceptable) 141 NW 20th ST Ste B5 City BOCA RATON FL Zip Code 33431		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when not at file) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VOGLSTAETTER, PETER 1370 MONAD TERRACE MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete 				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition 					
☐ Change ☐ Addition 					
☐ Change ☐ Addition 					
☐ Change ☐ Addition 					
☐ Change ☐ Addition 					
☐ Change ☐ 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: X  Pedro Voglstatter 01/14/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					