
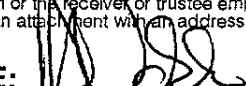


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000079720 1. Entity Name MODEL MAKER, INC.																																																																																																					
Principal Place of Business 16824 86TH ST NORTH WEST PALM BEACH FL 33470			Mailing Address 16824 86TH ST NORTH WEST PALM BEACH FL 33470																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country																																																																																																		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																	
VALDES, HENRY 16824 86TH ST NORTH WEST PALM BEACH FL 33470				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALDES, HENRY L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16824 86TH ST NORTH</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>WEST PALM BEACH FL 33470</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000220925 02/09/05-80011-021 150.00 </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> </tr> </table> </div> </div>						TITLE	P <input type="checkbox"/> Delete	NAME	VALDES, HENRY L	STREET ADDRESS	16824 86TH ST NORTH	CITY- ST- ZIP	WEST PALM BEACH FL 33470			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000220925 02/09/05-80011-021 150.00	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																																																																																					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  HENRY L. VALDES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> Feb 7, 05 <small>Date</small> </div> <div style="width: 25%; text-align: right;"> 561 793-4800 <small>Daytime Phone #</small> </div> </div>																																																																																																					



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0531871** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required