

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 039 ***150.00

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1. Entity Name

MODEL PERFECT, INC



Principal Place of Business

3389 SHERIDAN ST
#328
HOLLYWOOD FL 33021

Mailing Address

3389 SHERIDAN ST
#328
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0556757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, ELIZABETH
3389 SHERIDAN ST
#328
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCMILLAN, ELIZABETH
STREET ADDRESS 3389 SHERIDAN ST #328
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 19.07(3)(i), 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 SARACENO MCMILLAN
Elizabeth Saraceno McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 7/18/05 954-554-9489
Date Daytime Phone #

ATTACHMENT

50057189
P9500001825

Elizabeth McMillan

To Whom It May Concern;
I talked to someone re:
just receiving this card.
They told me to wave the
late fee and mail out the
150.00 when I received the
proper paperwork.

Thank you and have a
great day.

Sincerely
Elizabeth



The Capitol, Williamsburg, Virginia