

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072656

1. Entity Name
ACTORS & MODELS CAREER CENTER, INC.



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90430 006 ***150.00

Principal Place of Business

**12251 SW 112 STREET
MIAMI, FL 33186 US**

Mailing Address

**8388 SW 152 AVE #25
MIAMI, FL 33193 US**

2. Principal Place of Business

8388 SW 152 AVE # 25

3. Mailing Address

SAME

Suite, Apt. #, etc.

MIAMI FL 33193

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.A.

Zip

Country

02112004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0941783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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, 2004 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

**PSD
RODRIGUEZ, MANNY A
8388 SW 152 AVE #25
MIAMI, FL 33193**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VTD
RODRIGUEZ, TATIANA
8388 SW 152 AVE #25
MIAMI, FL 33193**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANNY ANTONIO RODRIGUEZ **PREZ** **4/20/04** **(305) 388-8008**

Date

Daytime Phone #

