


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000072656</b><br>1. Entity Name<br>ACTORS & MODELS CAREER CENTER, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>8388 SW 152 AVE. #25<br>MIAMI, FL 33193 US | Mailing Address<br>8388 SW 152 AVE #25<br>MIAMI, FL 33193 US |
|---|--|

**DO NOT WRITE IN THIS SPACE**



07162007 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0941783  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|--|--|---|

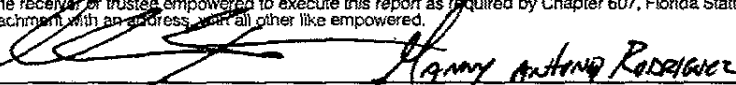
10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>RODRIGUEZ, MANNY A<br>8388 SW 152 AVE #25<br>MIAMI, FL 33193 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>RODRIGUEZ, TATIANA<br>8388 SW 152 AVE #25<br>MIAMI, FL 33193 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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07/19/07-80001-001 150.00

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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:**  - **PREZ** 7/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #