

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85325

FILED
Apr 06, 2004
Secretary of State

Entity Name: ELITE MODEL MANAGEMENT MIAMI CORPORATION

Current Principal Place of Business:

1200 COLLINS AVENUE
SUITE 207
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O LANGEN & LANGEN PA
PO BOX 398570
MIAMI BCH, FL 332398570

New Mailing Address:

FEI Number: 65-0288948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGEN, ROLAND
112 SOUTH HIBISCUS ISLAND
MIAMI, FL 331395130

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KITTLER, ALAIN,
Address: 111 EAST 22 STREET
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: MARIE, GERALD
Address: 111 E 22ND ST
City-St-Zip: NEW YORK, NY 10010

Title: P () Delete
Name: CASTETS, CAPUCINE
Address: 2790 SW 23RD AVE
City-St-Zip: MIAMI, FL 33133

Title: S (X) Delete
Name: D'ANGELICO, MARY ANN
Address: 16 LAUREN CT
City-St-Zip: MANAPAPAN, NJ 07726

Title: VP () Delete
Name: MOUNTAIN, ANNETTE
Address: 1200 COLLINS AVE #207
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN KITTLER

D

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date