

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85325

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ELITE MODEL MANAGEMENT MIAMI CORPORATION

## Current Principal Place of Business:

119 WASHINGTON AVENUE  
SUITE 501  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 186  
EAST BRUNSWICK, NJ 08816

## New Mailing Address:

404 PARK AVENUE SOUTH  
9TH FLOOR  
NEW YORK, NY 10016

FEI Number: 65-0288948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## 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: DC ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD, PH-2  
City-St-Zip: AVENTURA, FL 33160

Title: DEVP ( ) Delete  
Name: LIEB, JAMES  
Address: 4000 ISLAND BLVD, PH-2  
City-St-Zip: AVENTURA, FL 33160

Title: DSEV ( ) Delete  
Name: HIRSCH, MARK  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

Title: VCFO ( ) Delete  
Name: ELBERT, DONALD J  
Address: 4000 ISLAND BLVD, PH-2  
City-St-Zip: AVENUTURA, FL 33160

Title: AVP ( ) Delete  
Name: TORPEY, CARITE L  
Address: 4000 ISLAND BLVD, PH-2  
City-St-Zip: AVENUTURA, FL 33160

Title: VP.T ( ) Delete  
Name: LOVELAND, JEFFREY  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JEFFREY E. LOVELAND

V.P.

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date