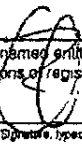
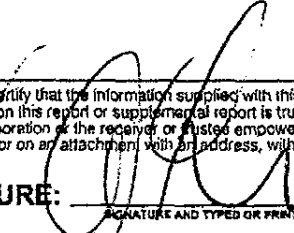


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # V20730																																										
1. Entity Name ALICIA FACCIO MODELING SCHOOL, INC.																																										
Principal Place of Business 8181 NW 36 ST SUITE #16C MIAMI, FL 33166 US		Mailing Address 8181 NW 36 ST SUITE #16C MIAMI, FL 33166 US																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent FACCIO, ALICIA 10323 NW 56 TERRACE MIAMI, FL 33178		 04272006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0327886 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable																																								
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 relocating) DATE:																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>FACCIO, ALICIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10323 NW 56 TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	FACCIO, ALICIA	STREET ADDRESS	10323 NW 56 TERRACE	CITY-ST-ZIP	MIAMI, FL 33178	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		1100000537945 05/09/06-80035-015 150.00 DO NOT WRITE IN THIS SPACE
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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:  DATE: 4/27/06 DAYTIME PHONE:																																										