

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 21, 2008  
Secretary of State

DOCUMENT# N05000010477

Entity Name: SMART GROWTH NMB, INC.

**Current Principal Place of Business:**

16499 NE 19 AVENUE  
#105  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600822  
NORTH MIAMI BEACH, FL 33160 FL

**New Mailing Address:**

FEI Number: 26-0283055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, HEATHER A  
2875 NE 191 STREET  
SUITE 500  
AVENTURA, FL 33180 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PROPHETE, GOLDIE  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP/D ( ) Delete  
Name: ARANGO, FRANZ  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S/D ( ) Delete  
Name: SNELGROVE, CHRISTINE  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T/D ( ) Delete  
Name: KIENZLE, STEPHANIE  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DIR ( ) Delete  
Name: SMITH, HARRY  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DIR ( ) Delete  
Name: MILLER, TRISH  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP/D (X) Change ( ) Addition  
Name: SMITH, HARRY  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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

Title: DIR (X) Change ( ) Addition  
Name: DIFILLIPO, ANTHONY  
Address: 16499 NE 19 AVENUE, SUITE 105  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE KIENZLE

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date