

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 11, 2010  
Secretary of State

DOCUMENT# N05000010477

Entity Name: SMART GROWTH NMB, INC.

## Current Principal Place of Business:

1557 NE 164 STREET  
#201  
NORTH MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

1557 N.E. 164TH STREET  
SUITE 201  
NORTH MIAMI BEACH, FL 33162 US

## Current Mailing Address:

1557 NE 164 STREET  
#201  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

1557 N.E. 164TH STREET  
SUITE 201  
NORTH MIAMI BEACH, FL 33162 US

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  
Name: ROBIE, ALLISON  
Address: 2131 N.E. 179 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP/D  
Name: SMITH, HARRY  
Address: 1121 N.E. 166 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S/D  
Name: AFLSEY, BARBARA  
Address: 3660 N.E. 166 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T/D  
Name: MARIN, ANN CAROL  
Address: 1557 N.E. 164TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DIR  
Name: DIFILLIPO, ANTHONY  
Address: 699 N.E. 167 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DIR  
Name: KIENZLE, STEPHANIE  
Address: 1653 N.E. 178 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: S/ALLISON ROBIE

PRTE

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date