## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000101706 SMYACK REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address 6560 N.E. 20TH TERRACE 6560 N.E. 20TH TERRACE FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308



**FILED** Jul 24, 2008 08:00 AM Secretary of State

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CR2E034 (11/05) 07172008 No Chg-P

Applied For 4. FEI Number 54-2075484 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMYACK, WILLIAM 6560 N.E. 20TH TERRACE FORT LAUDERDALE, FL 33308

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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.	Signature, typed or printed name of registered agent and title	e d applicable (NOTE Regis	tered Agent signatur	s required when reinstaling)	DATE			
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign First Fund Contribut		nancing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND DIRE	CTORS						
TATLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYACK, WILLIAM 6560 N.E. 20TH TERRACE FORT LAUDERDALE, FL 33308							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000956210 07/24/08-80003-016 158.75			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling 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: MULL.

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR