2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# P02000130784

Entity Name: SMF MANAGEMENT CORPORATION

Current Principal Place of Business:

2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 30-0136510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATAKAETIS, MICHAEL J
2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 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: D
Name: MATAKAETIS, MICHAEL J
Address: 3042 SE DOUBLETON DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: LASKARIS, SPIRO
Address: 502 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: D
Name: FOGAL, CHRISTOPHER
Address: 102 NE CHARLESTON OAKS DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D
Name: MATAKAETIS, SHERRY
Address: 3042 SE DOUBLETON DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: LASKARIS, JULIA
Address: 502 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: D
Name: FOGAL, DONNA
Address: 102 NE CHARLESTON OAKS DR
City-St-Zip: PORT ST LUCIE, FL 34983

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

SIGNATURE: MICHAEL MATAKAETIS DIRE 02/28/2012

Electronic Signature of Signing Officer or Director Date