2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000048512

1. Entity Name STRATEGIC MARKETING & PROCUREMENT CORPORATION



Principal Place of Business

15906 SW 81 TERRACE MIAMI, FL 33193 US Mailing Address

15906 SW 81 TERRACE MIAMI, FL 33193 US

FILED May 03, 2004 08:00 AM Secretary of State



04302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0759209

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPE, STEVE G 15906 SW 81 TERRACE MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

					CANADAN MANA NA MANAO COCCO	
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						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	ÖFFICERS AND DIREC	CTORS				
BILE NAME STREET ADDRESS CITY-ST-ZIP	DP HOPE, STEVE G 15906 SW 81 TERRACE MIAMI, FL 33193				000000150593 05/04/04-80010-025 150.00	
BTLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDES, JACQUELINE H 15906 SW 81 TERRACE MIAMI, FL 33193	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERNANDES, JENNIFER 12780 SW 72 TER MIAMI, FL 33183			DO NOT WRITE		
TITLE ANAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDES, JILIAN 12870 SW 72 TER MIAMI, FL 33183			IN THIS SPACE		
NAME NAME STREET ADDRESS CITY-ST-ZIP						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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:

NAME STREET ADDRESS CHY-SI-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-64

30s 382-4311

Daytime Phone #