


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 578822</b> 1. Entity Name <b>P. &amp; R. SMITH CORP.</b>			
Principal Place of Business <b>1788 NW 23ST MIAMI, FL 33142</b>		Mailing Address <b>3620 SW 108 AVE MIAMI, FL 33165</b>	
<b>DO NOT WRITE IN THIS SPACE</b> <i>Perfecto G. Smith</i>			
6. Name and Address of Current Registered Agent <b>SMITH, PERFECTO 3620 SW 108 AVE MIAMI, FL 33165</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	SMITH, PERFECTO		
STREET ADDRESS	3620 SW 108 AVE		
CITY-ST-ZIP	MIAMI, FL 33165		
TITLE	STD		
NAME	SMITH, JOSE		
STREET ADDRESS	1788 NW 23RD ST		
CITY-ST-ZIP	MIAMI, FL 33142		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/15/08 Date Daytime Phone #	



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1835823**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

U00000800480  
01/31/08-80019-005 158.75

**DO NOT WRITE  
IN THIS SPACE**