
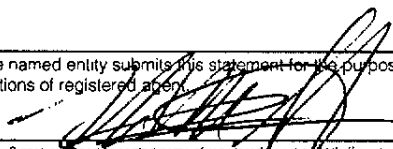
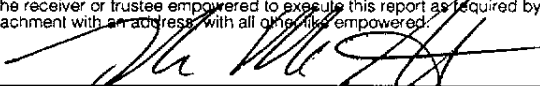


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000000951					
<b>1. Entity Name</b> SMETAK ENTERPRISES, INC.					
<b>Principal Place of Business</b> 9426 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US			<b>Mailing Address</b> 9426 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252005    Chg-P    CR2E034 (10/03)	
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1500162	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMETAK, FRANK M 9426 SAN JOSE BLVD JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE  DATE <b>4-29-05</b>					
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PCD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMETAK, FRANK M		NAME		
STREET ADDRESS	9426 SAN JOSE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32257		CITY - ST - ZIP		
TITLE	VS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMETAK, MARISA		NAME		
STREET ADDRESS	9426 SAN JOSE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32257		CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: 			Date <b>4-29-05</b> Device Phone # <b>904-733-5050</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					