2005 FOR PROFIT © PROFIT NAME ANNUAL REPORT

FILED Feb 04, 2005 08:00 AM Secretary of State

ANNOAL REPORT						Secretary of State				
1. Entity Nam	MENT # G96074 SMITH ASSOCIATES, INC.					Secret	ary or S	riai		
Principal Plac	e of Business	Mailing Address				-				
12241 SO. DIXIE HWY.		12241 SO. DIXIE HWY.								
MIAMI, FL 33156		MIAMI, FL 33156			L COUNCILL AND FOLL	ILSTA MILIK MURITI JANGK MINA	MINU KINI NEKI NUKE W	NIL WENTE	ARE II TRUK	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc		01282005	Chg-P	CR2E034 (10				
Zip Country		City & State Zip Country		4. FEI Number 59-2392	877	}	Not	Applicable		
 				ury	5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additi quired	ionaí	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent			
SMITH, SYLVIA				Name						
12241 SO. DIXIE HWY. MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)						
				City		-	FL Zip	Code		
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										
SIGNATURE Signature, typed or profiled name of registered agent and titled about able in NOTE: Registered Agent signature required when reinstalling)										
Signature, typed or phttSd name of registered agent and tright should be (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	. 11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIREC	TORS	IN 11	
TITLE	PDT	☐ Delete	TITL	E		Unnana	rogaroa □ Ch	алде	☐ Addition	
NAME	SMITH, SYLVIA		NAM	-	U00000214594 ^{□ change} □ 02/04/05-80019-002 150.) nn (
STREET ADDRESS CITY-ST-ZIP	12241 SO. DIXIE HWY. MIAMI, FL 33156	<u> </u>	GLTY	ET ADORESS -ST-ZIP						
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NAME			NAM	E.			_	•	_	
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STREET ADDRESS			STRE	ET ADDRESS						
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CITY ST-ZIP	1			-\$T-ZIP						
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 indicated on this report or supplemental report is tribe and securate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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.										
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