

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90020 016 ***150.00

DOCUMENT # G96074 1. Entity Name HARVEY SMITH ASSOCIATES, INC.			
Principal Place of Business 12241 SO. DIXIE HWY. MIAMI, FL 33156		Mailing Address 12241 SO. DIXIE HWY. MIAMI, FL 33156	
2. Principal Place of Business B201 SW 124 ST.		3. Mailing Address B201 SW 124 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33156		Zip 33156	
Country U.S.		Country U.S.	
4. FEI Number 59-2392877		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SYLVIA 12241 SO. DIXIE HWY. MIAMI, FL 33156		7. Name and Address of New Registered Agent Name SMITH, SYLVIA Street Address (P.O. Box Number is Not Acceptable) PINECREST PROFESSIONAL PLAZA 8201 SW 124 ST. City MIAMI FL Zip Code 33156	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SMITH, SYLVIA 12241 SO. DIXIE HWY. MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SMITH, SYLVIA 8201 SW 124 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

ATTACHMENT

40008756

PRINCETON PROFESSIONAL SERVICES
13011 SW 259 STREET
P.O. BOX 924342 HOMESTEAD, FL 33032
(305) 258-5670

DATE: 1/26/06

DO NOT MAIL THIS INSTRUCTION SHEET WITH YOUR ORIGINAL DOCUMENTS

FORM NO. Corp Annual Report YEAR ENDED: 2006

* TAXPAYER: Smith & Associates INC.

MAIL ON OR BEFORE: 4/15/06

*You can mail all
your corrections
in this form -
Fax me a
copy*

PLEASE FOLLOW INSTRUCTIONS AS CHECKED

- ☒ PLEASE SIGN AT (X) 2 places
☐ INDICATE TITLE AT (X)
☐ NO REMITTANCE NECESSARY-REFUND \$
☒ WRITE CHECK IN THE AMOUNT OF \$ 150.00 DUE: 4/15/06

MAKE CHECK PAYABLE TO:

- ☐ UNITED STATES TREASURY
☐ FLORIDA UNEMPLOYMENT COMPENSATION FUND
☐ FLORIDA DEPARTMENT OF REVENUE
☒ YOUR BANK WITH FEDERAL DEPOSITORY COUPON FOR: _____
☒ FLORIDA DEPARTMENT OF STATE

MAIL SIGNED DOCUMENTS TO:

- ☐ INTERNAL REVENUE SERVICE CENTER, OGDEN, UT 84201-0005
☐ FLORIDA DEPT. OF REVENUE, 5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0125
☐ FLORIDA DEPT. OF REVENUE, UNEMPLOYMENT TAX
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0125
☒ DIVISION OF CORPORATIONS- ANNUAL REPORTS SECTION
P.O. BOX 1500,
TALLAHASSEE, FL 32302-1500