

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 038 ***150.00

DOCUMENT # G99378 1. Entity Name S-M CORPORATION					
Principal Place of Business 4300 N. UNIVERSITY DRIVE STE D-103 LAUDERHILL, FL 33351 US			Mailing Address 4300 N. UNIVERSITY DR. STE D-103 LAUDERHILL, FL 33351 US		
2. Principal Place of Business 1700 NW 66 Ave Suite, Apt. #, etc. #102		3. Mailing Address 1700 NW 66 Ave Suite, Apt. #, etc. #102			
City & State Plantation FL		City & State Plantation FL			
Zip 33313		Country USA		4. FEI Number 59-2379818	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MURPHY, WILLIAM M. 4300 N. UNIVERSITY DRIVE STE D-103 LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name William Murphy Street Address (P.O. Box Number is Not Acceptable) 1700 NW 66 Ave Suite, Apt. #, etc. #102 City Plantation FL Zip Code 33313		
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 <u><i>William Murphy</i></u> William Murphy 4/4/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPS MURPHY, WILLIAM M. 4300 N. UNIVERSITY DRIVE, D-103 LAUDERHILL, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS William M. Murphy 1700 NW 66 Ave #102 Plantation FL 33313	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <u><i>William Murphy</i></u> William Murphy 4/4/06 746-2221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					