

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90365 049 ***150.00

DOCUMENT # H21588

1. Entity Name
SMILEY THE CLOWN, INCORPORATED



Principal Place of Business

**C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 US**

Mailing Address

**C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 US**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0143663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE	DP
NAME	JONES, MATTIE JOHNSON
STREET ADDRESS	15004 SW 113TH CT
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	SIMMONS, DELORIS
STREET ADDRESS	421 SW 29TH AVE
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	THOMAS, GENITHA
STREET ADDRESS	3367 FRANKLIN AVE
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

*← please change
my last name to
williams - TAKE
off Jones
Mattie Johnson*

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06 305 233 0751