

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 036 ***150.00

DOCUMENT # H73319

1. Entity Name
SMART ACCESS, INC.



Principal Place of Business
124 ROBIN RD., SUITE 1600
POST OFFICE BOX 948447
ALTAMONTE SPRINGS FL 32701

Mailing Address
124 ROBIN RD., SUITE 1600
POST OFFICE BOX 948447
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business - No P.O. Box #
2950 Lake Emma Road

3. Mailing Address
2950 Lake Emma Road

Suite, Apt. #, etc.
Suite 1030

Suite, Apt. #, etc.
Suite 1030

1st MOORE CR2E034 (10/06)

City & State
Lake Mary, FL

City & State
Lake Mary, FL

4. FEI Number 59-2562017

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

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

6. Name and Address of Current Registered Agent

FLOWER, BRUCE, W
511 NORTH MAITLAND AVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
DARYADEL, M. MEHDI
116 CHANEL DR.
LAKE MARY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DARYADEL, HADI M.
116 CHANEL DRIVE
LAKE MARY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5093 Hawks Hammock way
Somford, FL 32771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

164 Nandina Terrace
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M. Mohdi Daryadel, Pres 23 May 07 407-331-4724 X101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #