

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 005 \*\*\*158.75

<b>DOCUMENT # J57077</b>					
<b>1. Entity Name</b> SMACS HOLDING CORP.					
<b>Principal Place of Business</b> 1241 GULF OF MEXICO DRIVE SUITE 408 SARASOTA, FL 34228 US			<b>Mailing Address</b> 1241 GULF OF MEXICO DRIVE SUITE 408 SARASOTA, FL 34228 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07232008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FREEDMAN, ANNELIES 1241 GULF OF MEXICO DRIVE SUITE 408 SARASOTA, FL 34228			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, ANNELIES 1241 GULF OF MEXICO DRIVE SARASOTA, FL	<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	S FREEDMAN, MICHAEL 1345 W. WAY DRIVE SARASOTA, FL	<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	AS HARRIS, FREEDMAN 1241 GULF OF MEXICO DRIVE SARASOTA, FL	<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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Harris Freedman</u>			8/4/08    917533-2914		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

40113046

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## Annual Report Online Filing

Document Number J57077

Business Entity Name SMACS HOLDING CORP.

- ☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number -

FEI Number Status ☐ Listed Above ☐ Applied For ☒ Not ApplicableCertificate of Status ☒ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 1241 GULF OF MEXICO DRIVE (PO Box not acceptable)

Suite, Apt. #, etc. SUITE 408

City, State SARASOTA, FL

Zip Code &amp; Country 34228 US

### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

- ☐ Mailing address same as principal address

Address 1241 GULF OF MEXICO DRIVE

Suite, Apt. #, etc. SUITE 408

City, State SARASOTA, FL

Zip Code &amp; Country 34228 US

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA FREEDMAN, ANNELIES

Street Address In Florida 1241 GULF OF MEXICO DRIVE (PO Box not acceptable)

ATTACHMENT

40113046

#J57077  
FL

Suite, Apt. #, etc. SUITE 408  
City, State SARASOTA  
Zip Code & Country 34228 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title P

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FREEDMAN, ANNELIES

Street Address 1241 GULF OF MEXICO DRIVE  
City, State SARASOTA, FL  
Zip Code & Country 34228 us

**Name And Address #2**

Title S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FREEDMAN, MICHAEL

Street Address 11 Bayside Avenue  
City, State Port Washington, ny  
Zip Code & Country 11050 us

**Name And Address #3**

Title AS

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director HARRIS, FREEDMAN

Street Address 1241 GULF OF MEXICO DRIVE  
City, State SARASOTA, FL  
Zip Code & Country 34228 US