2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# L04000007087

Entity Name: SMS CORPORATION, LLC

Current Principal Place of Business:

5220 S UNIVERSITY DR
STE C-103
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
STE C-103
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-0646448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SILVA, LUIS F	
Address:	5220 S UNIVERSITY DR STE C-103	
City-St-Zip:	DAVIE, FL 33328	
Title:	MGR	( ) Delete
Name:	MORENO, MILTON	
Address:	498 NW BRADY CIRCLE	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	MGR	( ) Delete
Name:	TERRA-SMITH, ESPERANCA	
Address:	1606 SE FALLON DR	
City-St-Zip:	PORT ST. LUCIE, FL 34953	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MILTON MORENO MGR 03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date