

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062348

Entity Name: SMF CORPORATION, LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

9900 STIRLING RD
211
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE
C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-1529014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, MILTON
9900 STIRLING RD
STE 211
COOPER CITY, FL 33024 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/MEMBERS:

Title: MGRM () Delete
Name: FORERO, CARLOS
Address: 644 CASCADE FALLS
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: MORENO, MILTON
Address: 1649 SW DAY STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGR () Delete
Name: SILVA, LUIS FERNANDO
Address: 1591 HARBOUR SIDE DR
City-St-Zip: WESTON, FL 33326

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 Section 119.07(3)(i), 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

MGRM

01/14/2005

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