


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 048 ***150.00

DOCUMENT # L04267

1. Entity Name
EUGENE J. SMITH, INC.



Principal Place of Business: **C/O EUGENE J. SMITH
6195 MOSS RANCH ROAD
MIAMI FL 33156**

Mailing Address: **C/O EUGENE J. SMITH
6195 MOSS RANCH ROAD
MIAMI FL 33156**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **65-0211538**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, EUGENE J.
6195 MOSS RANCH ROAD
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name: **NORREAN SMITH**

Street Address (P.O. Box Number is Not Acceptable): **6195 MOSS RANCH ROAD**

City: **MIAMI** State: **FL** Zip Code: **33156**

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: *Norrean Smith* (NOTE: Registered Agent signature required when reinstating) DATE: **Jan 29 2004**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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: D	SMITH, EUGENE J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 6195 MOSS RANCH RD.		
CITY-ST-ZIP: MIAMI FL		
TITLE: VP	SMITH, NORREAN	<input type="checkbox"/> Delete
STREET ADDRESS: 6195 MOSS RANCH ROAD		
CITY-ST-ZIP: MIAMI FL		
TITLE: S	SMITH, EUGENE J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 6195 MOSS RANCH RD		
CITY-ST-ZIP: MIAMI FL		
TITLE: T	SMITH, NORREAN	<input type="checkbox"/> Delete
STREET ADDRESS: 6195 MOSS RANCH RD		
CITY-ST-ZIP: MIAMI FL		
TITLE: _____		<input type="checkbox"/> Delete
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____		<input type="checkbox"/> Delete
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT	NORREAN SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6195 MOSS RANCH RD		
CITY-ST-ZIP: MIAMI FL 33156		
TITLE: SECRETARY	NORREAN SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6195 MOSS RANCH ROAD		
CITY-ST-ZIP: MIAMI FL 33156		
TITLE: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norrean Smith* **NORREAN SMITH** DATE: **Jan 29 2004** 305 666-0506
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #