


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

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
---	---



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 65-021 1538	

1st MOORE CR2E034 (10/05)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May : Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	SMITH, NORREAN	
STREET ADDRESS	6195 MOSS RANCH RD.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	
NAME	SMITH, NORREAN	
STREET ADDRESS	6195 MOSS RANCH ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	
NAME	SMITH, NORREAN	
STREET ADDRESS	6195 MOSS RAND RD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	
NAME	SMITH, NORREAN	
STREET ADDRESS	6195 MOSS RAND RD	
CITY-ST-ZIP	MIAMI FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000395679		
NAME	01/27/06-80002-008 150.00		
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: *Norrean Smith Pres.* 1-19-06 (305) 666-050.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #