## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2008 08:00 AM DOCUMENT # L04267 Secretary of State 1. Entity Name EUGENE J. SMITH, INC. Principal Place of Business Mailing Address C/O EUGENE J. SMITH C/O EUGENE J. SMITH 6195 MOSS RANCH ROAD 6195 MOSS RANCH ROAD **MIAMI FL 33156 MIAMI FL 33156** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0211538 Not Applicable Ζıp Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, NORREAN Street Address (P.O. Box Number is Not Acceptable) 6195 MOSS RANCH ROAD MIAM! FL 33156 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed Hansi of registered agent and the Happinsacie. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change Addition NAME SMITH, NORREAN NAME STREET ADDRESS 6195 MOSS RANCH RD. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-7IP 02/20/08-80081-00A dasa. 04 Addition TITLE Delete TITLE NAME SMITH, NORREAN NAME STREET ADDRESS 6195 MOSS RANCH ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITLE Change \_\_\_ Addition MAME SMITH, NORREAN MAME STREET ADDRESS 6195 MOSS RAND RD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition NAME SMITH, NORREAN NAME STREET ADDRESS 6195 MOSS RAND RD STREET ADDRESS MIAMI FL CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TIT: F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

**FILED**