

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90308 005 ****50.00

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DOCUMENT # L05000076966 1. Entity Name SMM SUPPLIES LLC					
Principal Place of Business 2500 NW 79 AVE SUITE 264 DORAL, FL 33122			Mailing Address 2500 NW 79 AVE SUITE 264 DORAL, FL 33122		
2. Principal Place of Business - No P.O. Box # 7910 NW 25 ST #210		3. Mailing Address 7910 NW 25 ST #210			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Doral - FL 33122		City & State Doral FL		4. FEI Number 20-3386591	
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIMENTEL, YUXELA 2500 NW 79 AVENUE SUITE 264 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Pimentel Yuxela Street Address (P.O. Box Number is Not Acceptable) 7910 NW 25 St #210 City Doral FL Zip Code 33122			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIMENTEL, YUXELA 2500 NW 79 AVENUE, SUITE 264 MIAMI, FL 33122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIMENTEL, Yuxela 7910 NW 25 St, Suite 210 Doral FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Yuxela Pimentel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date _____ Daytime Phone # _____</small>					