


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000906</b> 1. Entity Name <b>SMT OF AMERICA L.L.C.</b>	
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>8206 NW 30TH TERRACE MIAMI, FL 33122</b>	Mailing Address <b>8206 NW 30TH TERRACE MIAMI, FL 33122</b>
--------------------------------------------------------------------------------	--------------------------------------------------------------------



01212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0894785** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

<b>WATKINS, NICOLAS J COURVOISIER CENTRE I, SUITE 504 501 BRICKELL KEY DRIVE MIAMI, FL 33131</b>
--------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

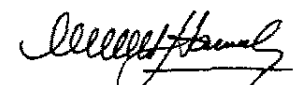

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SPADARO, ALFREDO D 8206 NW BOTER MIAMI, FL 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAUB, ADRIANA H 8206 NW BOTER MIAMI, FL 33122</b>
TITLE NAME 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	

U00000225591  
02/11/05-80043-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:   2/1/05