
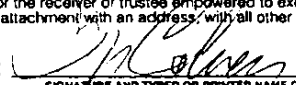


FILED
Jul 13, 2007 8:00 am
Secretary of State

06-28-2007 90044 001 ***400.00
06-28-2007 90044 002 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|--|----------------|--|
| DOCUMENT # M42014 | |  |
| 1. Entity Name SMARD CORP. | | |
| Principal Place of Business 3275 NW 36 ST. MIAMI, FL 33142 | | Mailing Address PEPIN SELATA AND CO. 1071 ELIZABETH AVE ELIZABETH, NJ 07201 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COHEN, MARK 3775 NW 36 ST. MIAMI, FL 33142 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | |
| NAME | COHEN, MARK | |
| STREET ADDRESS | 3775 NW 36 ST. | |
| CITY-ST-ZIP | MIAMI, FL | |
| 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 Chapter 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:  | | 7-10-07 9083531191 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |

66020331



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**