## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N95000003525

Entity Name: SMG ASSOCIATES, INC.

City-St-Zip: KEY WEST, FL 33040

FILED Apr 23, 2003 Secretary of State

Entity Nai	me: SIVIG AS	SOCIATES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1111 12TH KEY WES	IST T, FL 33040	US					
Current Mailing Address:				New Mailing Address:			
P.O. BOX MIAMI BEA	414586 ACH, FL 3314	1 US					
FEI Number	65-0611809	FEI Number Applied For()	FEI Nui	mber Not Appli	icable ( )	Certificate of Status Desir	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
780 NW LE SUITE 616 MIAMI, FL The above	33126 US named entity e of Florida.	submits this statement for th	e purpose c	of changing it	s registered	d office or registered agent	;, or both,
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SANCHEZ, RO	EUNE ROAD, SUITE 616		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MURRAY, JAC 1421 12TH STI KEY WEST, FI	REET		Title: Name: Address: City-St-Zip:	D CALLEJA, J 1111 12TH KEY WEST,	STREET, SUITE 208	
Title: Name:	LOCKWOOD,	) Delete ROBIN M.D. REET SUITE 112		Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERTO SANCHEZ D 04/23/2003