




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000027473		
1. Entity Name SMMD INTERNATIONAL INVESTMENTS, INC.		
Principal Place of Business 6055 NW 87 AVE MIAMI, FL 33178		Mailing Address 6055 NW 87 AVE MIAMI, FL 33178
DO NOT WRITE IN THIS SPACE		
		 01152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0991464 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MONTIEL, MAGLIO J 6055 NW 87 AVE MIAMI, FL 33178		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 re/instating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<p>U000000130427 04/26/04-80117-020 150.00</p> DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	MONTIEL, MAGLIO J	
STREET ADDRESS	15530 S.W. 115TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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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 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/04 305-463-9990 Date Day/Time Phone #