2005 FOR PROFIT CORPORATION ANNUAL REPORT

12. I hereby certify that the information supplied with this filling doe indicated on this report or suppliemental report is true and according to the corporation or the receiver or trustee empowered to exercise.

CNATURE AND TYPED OF

changed, or on an at

SIGNATURE:

Jan 27, 2005 8:00 am **Secretary of State** 01-27-2005 90049 007 ***150.00 **DOCUMENT # P00000064852** SMF OF MARTIN COUNTY, INC. Principal Place of Business Mailing Address 40007593 603 NORTH INDIAN RIVER DRIVE **603 NORTH INDIAN RIVER DRIVE** SUITE 300 SUITE 300 FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1031115 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPOTE, BEATRIZ M 799 BRICKELL PLAZA Street Address (P.O. Box Number is Not Acceptable) **SUITE 700** MIAMI-FL-33131-Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE . . . Change Addition MATAKAETIS, MICHAEL J NAME NAME STREET ADDRESS 4551 E SPINNAKER POINT PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL. 34996. VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE LASKARIS, SPIRO NAME NAME STREET ADDRESS 1724 SE WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-7IP ☐ Detete THE Change ☐ Addition FITTE NAME FOGAL, CHRISTOPHER E NAME STREET ADDRESS 102 NE CHARLESTON OAKS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITI F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE * 1245 (B. 142) (St NAME NAME . 44 P. S. 1988 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNING OFFICER OF DIRECTOR

-20-05

FILED