2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094246

Entity Name: SMB GROUP, INC

City-St-Zip:

MIAMI, FL 33178

FILED May 03, 2007 Secretary of State

Littly Nai	ile. Sivid C	ROOF, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
6720 NW 114 AVE				1398 CANARY ISLAND DRIVE			
826 MIAMI, FL 33178				WESTON, FL 33327			
,							
Current M	lailing Add	ress:	,	lew Maili	ng Addres	ss:	
6720 NW 114 AVE				1398 CANARY ISLAND DRIVE			
826 MIAMI, FL	33178		V	VESTON,	FL 33327		
	65-1048022	FEI Number Applied For ()	FEI Numb	er Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent	: N	lame and	Address	of New Registered Agent:	
MENDOZA, ALVARO 6720 NW 114 AVE #826 MIAMI, FL 33178 US				MENDOZA, ALVARO 1398 CANARY ISLAND DRIVE WESTON, FL 33327 US			
The above in the State	named enti e of Florida.	ty submits this statement for t	he purpose of o	hanging i	ts registere	ed office or registered agent, or both,	
SIGNATURE:				05/03/2007			
	URE: 05/03/2007 Electronic Signature of Registered Agent Date						
		.193(2)(b), F.S., the corporation di cing Trust Fund Contribution().	d not receive the	prior notic	e.		
OFFICER	S AND DIR	ECTORS:	P	DDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D SAMPER, B BOGOTA CO SOUTH AME	DLOMBIA	N A	itle: ame: ddress: :ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D MENDOZA, BOGOTA CO SOUTH AME		N A	itle: lame: ddress: :ity-St-Zip:		() Change () Addition	
Title: Name: Address:	S MENDOZA, 6720 NW 11		N	itle: lame: ddress:	S MENDOZA 1398 CANA	(X) Change()Addition , ALVARO RY ISLAND DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

WESTON, FL 33327

SIGNATURE: ALVARO MENDOZA S 05/03/2007