

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000100226

1. Entity Name

SMART CONSUMER INTERFACE INT'L, INC.



Principal Place of Business

2110 DREW ST., STE. 200
CLEARWATER, FL 33765

Mailing Address

2110 DREW ST., STE. 200
CLEARWATER, FL 33765



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0674894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

KAPLAN, KAREN
2110 DREW ST., STE. 200
CLEARWATER, FL 33765

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000095771
03/25/04-80001-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EZRA, MEIR
STREET ADDRESS	2110 DREW ST SUITE 200
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	S
NAME	KAPLAN, KAREN
STREET ADDRESS	2110 DREW ST, STE 200
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	VD
NAME	EZRA, TAL
STREET ADDRESS	2110 DREW ST, STE 200
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

3-1-04 727-461-9799

Date

Daytime Phone #