

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 022 ***150.00

DOCUMENT # p01000010564	
1. Entity Name	
S.M. PRODUCTIONS IINC	

DO NOT WRITE IN THIS SPACE

14015929

2. Principal Place of Business 2270 WEST 74TH ST Suite, Apt. #, etc. # 201 City & State HIALEAH, FL Zip 33016	3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip 33016	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1081765	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SANTIAGO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable) 2270 WEST 74TH ST SUITE 201
City HIALEAH
State FL
Zip Code 33016

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) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D SANTIAGO MARTINEZ 2270 WEST 74TH STREET HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SANTIAGO MARTINEZ

3/16/2005

786-586-3836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #