

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023530

Entity Name: SMELLS INC.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

11801 NW 100RD  
STE 11  
MEDLEY, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

845 SAND CREEK CIRCLE  
WESTON, FL 33327

## New Mailing Address:

11801 NW 100RD  
STE 11  
MEDLEY, FL 33178

FEI Number: 65-1093924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, OSCAR  
11801 NW 100 RD  
ST. 11  
MEDLEY, FL 33178 US

## Name and Address of New Registered Agent:

FALLA, GLORIA M  
11801 NW 100 RD  
ST. 11  
MEDLEY, FL 33178 US

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.

SIGNATURE: GLORIA M. FALLA

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: FERNANDEZ, OSCAR  
Address: 845 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: PDST ( ) Delete  
Name: FERNANDEZ, OSCAR A  
Address: 845 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FALLA, GLORIA M  
Address: 845 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: V-P (X) Change ( ) Addition  
Name: FERNANDEZ, OSCAR A  
Address: 845 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

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.

SIGNATURE: GLORIA M. FALLA

O D

01/23/2009

Electronic Signature of Signing Officer or Director

Date