FOR PROFIT CORPORATION
JNIFORM BUSINESS REPORT (UBR

FILED ATX
Apr 30, 2005 08:00 AM
Secretary of State

Joan Smith Capital & Real Estate Investments, Inc.    DO NOT WRITE IN THIS SPACE	UNIFORM FAUSINESS REPORT (UBR)				· · · · · · · · · · · · · · · · · · ·	Apr 30, 2003 00:00 AWI	
Joan Smith Capital & Real Estate Investments, Inc.					Secretary of State		
2. Principal Place of Business 750 NW 68th Avenue 7	1. Entity Name						
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2. Principal Place of Business 750 NW 68th Avenue Suite, Apt. #, etc.  City & State Plantation, Florida Zip Quantry USA  DO NOT WRITE IN THIS SPACE  7. Name and Address of Current Registered Agent Name Joan M. Smith State of Florida. 1 m familiar (Nith, and accept the obligations of registered agent.  SignAture Sig	Joan Smith Capital &	Real Estate Investm	ents, Inc.				
2. Principal Place of Business 750 NW 68th Avenue Suite, Apt. #, etc.  City & State Plantation, Florida Zip Quantry USA  DO NOT WRITE IN THIS SPACE  7. Name and Address of Current Registered Agent Name Joan M. Smith State of Florida. 1 m familiar (Nith, and accept the obligations of registered agent.  SignAture Sig	1						
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Suite, Apt. #, etc.  City & State Plantation, Florida  City & State Plantation, Florida  City & State Plantation, Florida  Country USA  City B Country USA  City B Country Sand Address of Current Registered Agent Name Joan M. Smith  Street Address (P.O. Box Number is Not Acceptable)  City B Country Name Joan M. Smith  Street Address (P.O. Box Number is Not Acceptable)  City B Country Name Joan M. Smith  Street Address (P.O. Box Number is Not Acceptable)  City B Country Name Joan M. Smith  Street Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City B Country Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is Not Acceptable)  City Sand Address (P.O. Box Number is N							
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Plantation, Florida   Plantation   Plant					A EEI Number		
Zip 33317  Country USA  33317  DO NOT WRITE IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent.  Street Address (P.O. Box Number is Not Acceptable)  City Plantarion  Street Address (P.O. Box Number is Not Acceptable)  City Plantarion  Street Address (P.O. Box Number is Not Acceptable)  To Name Joan M. Smith Street Address (P.O. Box Number is Not Acceptable)  To Name and Address of Current Registered Agent Name Joan M. Smith Street Address (P.O. Box Number is Not Acceptable)  Title Name Joan M. Smith  Alert May 1, Fee is \$150.00 After May 1, Fee is \$150.00 Amended UBR is \$61.25  Make Check Payable to Florida Department of State  TITLE NAME STREET ADDRESS CITY-ST-ZIP Plantation, Florida 33317  TITLE NAME STREET ADDRESS CITY-ST-ZIP Plantation, Florida 33317						( — ) — ·	
State of Florida   1 mm familiar (0)th, and accept the obligations of registered agent.   SignAturel typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE		Country		Country	-		
DO NOT WRITE IN THIS SPACE    City		· ·			5. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE    City					Name and Address of Current Regis	stered Agent	
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  City Plantation FL Zip Code 33317  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  Joan M. Smith 4/27/2005  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 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  10. OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS CITY-ST-ZIP Plantation, Florida 33317 CITY-ST-ZIP			<b>'</b>				
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TITLE Board Advisory/Ex-officio member TITLE	TITLE .			TITLE			
NAME Clifton H. Rodriquez, CPA NAME		Clifton H. Rodriguez	r. CPA				
CERCET ADDRESS 2446 NW 69 Street			,		ESS DO NOT 14	/ E   -E	
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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.

4/27/2005 Date

SIGNATURE: Joan M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR