

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000052754

1. Entity Name
 GEORGE SMITH BROKERAGE, INC.



Principal Place of Business
 541 S STATE RD 7, SUITE #8
 MARGATE, FL 33068

Mailing Address
 541 S STATE RD 7, SUITE #8
 MARGATE, FL 33068



01142005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-1106276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KEVIN
 541 S STATE RD 7, SUITE #8
 MARGATE, FL 33068

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, KEVIN
STREET ADDRESS	15856 93RD ST N
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	D
NAME	COCHRANE, BARBARA S
STREET ADDRESS	6232 DAWSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/21/05-80039-023 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Smith PRES Date: 01/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #