

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90199 020 ***158.75

DOCUMENT # P01000055899	
1. Entity Name SMEJDA & ASSOCIATES, P.A.	

Principal Place of Business 100 SE 2ND ST., STE. 2315-B MIAMI, FL 33131	Mailing Address 100 SE 2ND ST., STE. 2315-B MIAMI, FL 33131
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2. Principal Place of Business 100 SE 2 ND STREET Suite, Apt. #, etc. STE. 2222-B City & State MIAMI, FL	3. Mailing Address 100 SE 2 ND STREET Suite, Apt. #, etc. STE. 2222-B City & State MIAMI, FL
Zip 33131	Country US

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1110323	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMEJDA, LUCIUS 100 SE 2ND ST., STE. 2315-B MIAMI, FL 33131	7. Name and Address of New Registered Agent Name SMEJDA, LUCIUS. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2 ND STREET STE. 2222-B City MIAMI FL Zip Code 33131
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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 L. SMEJDA DATE 04/27/06
Signature of Registered Agent or Registered Agent. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMEJDA, L 100 SE 2ND ST., #2315-B MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMEJDA, L. 100 S.E. 2 ND STREET, STE. 2222-B MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEIGAND, G 100 SE 2ND STREET MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEIGAND, G. 100 S.E. 2 ND STREET, STE. 2222-B MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: L. SMEJDA DATE 04/28/06 305 358 995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR