2002 UNIFORM BUSINESS REPORT (UBR) P01000104167 DOCUMENT # 1. Entity Name SMART COMPUTERS ASSOCIATES, INC. Mailing Address Principal Place of Business 16909 N. BAY ROAD #720 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160

FILED May 02, 2002 8:00 am Secretary of State

05-02-2002 90086 039 ***150.00



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City & State Country Zip Country Zip Country S. Certificate of Status Decired St.75 Additional Ser. Fee Required Ser. Fee Required St. Certificate of Status Decired Ser. Fee Required	2. Principal Pl	lace of Busin	ess	3. Mailing Address								
Signature Sign	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
BODIN, CLORIA ROA 2655 LEJEUNE ROAD, SUITE #1001 CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intrangible (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS SIRES ADDRESS SIRES ADDRE	City & State	-		City & State			4 F	65-1156719	ا سياد		plied For t Applicable	
BODIN, GLORIA ROAD, SUITE #1001 CORAL GABLES FL 33134 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. SIGNATURE 9. This corporation is eligible to satisfy its intangible Takefluorities on back) (See criteria on back) PSD TURRIBETIA, MARCOS STREET ADDRESS CITY-ST-27P TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSELYN 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TURRIBETIA, JOCSE	Zip		Country	Zìp	Count	ry	5 Cortificate of Status Desired S8.75 Additional					
BODIN, GLORIA ROAD, SUITE #1001 CORAL GABLES FL 33134 8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREDIBLE INTERESTINATIONS CITY-ST-ZIP SIREST ADDRESS CITY-ST-ZIP TITLE MAKE SIR		6. Name	and Address of Current R	egistered Agent			7. N	lame and Address of New Regist	ered Ag	ent		
2655 LEJEUNE ROAD, SUITE #1001 CORAL GABLES FL 33134 City FL Zip Code City FL Zip						Name						
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. SIGNATURE Suprement produced by the Intangible Tax fling requirement and elects to do so. (See oriental on back) PSD Trust FLORES CITY-ST-2IP TITLE NAME STREET ADDRESS CITY			-	Street Address (P.O. Box Number is Not Acceptable)								
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. SIGNATURE Superior, typed or printed nemo of registered agent and tile. Explicatible (NOTE Registered Agent stignature required when refrecteding) DATE	CORAL G	ABLES FL	33134		-	City				Zip Code		
SIGNATURE Signature, hybrid or privided nerve of regilitared agent and title ill applicable. (NOTE Registered Agent bignature required when reinstating). P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). PSD Make Check Payable to Department of State PSD TURRIBETTIA, MARCOS 16909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TITLE MAME STREET ADDRESS CITY-ST-2P						Oity			rL			
Tax filing requirement and elects to do so (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS 18909 N. BAY ROAD #720 SUNNY ISLES FL 33160 TITLE	SIGNATURE			nd title if applicable. (NOTE	: Registered	d Agent signature requi			DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so. After May 1, 2					will be \$550.00	tate	Trust Fund Contribution.		Added	I to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	3 IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 direct.	TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAMI STRE CITY	E ET ADORESS - ST-ZIP		440 OT(0\(\) 51 \\ \) 2 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	Addition	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.