

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90232 005 \*\*\*158.75

<b>DOCUMENT # P02000013743</b> 1. Entity Name <b>THE ADSMITH, INC.</b>																													
Principal Place of Business <b>814 NW 20 AVENUE MIAMI, FL 33125</b>			Mailing Address <b>814 NW 20 AVENUE MIAMI, FL 33125</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>94074592</b>  																									
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>01-0597154</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>SMITH, CARMEN M 814 NW 20 AVENUE MIAMI, FL 33125</b>			7. Name and Address of New Registered Agent Name <b>Shawn Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>814 NW 20 Avenue</b> City <b>Miami</b> FL      Zip Code <b>33125</b>																										
8. The above person certifies 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: <b>4-21-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">VP</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, SHAWN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>814 NW 20 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> </tr> </table>			TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	SMITH, SHAWN M		STREET ADDRESS	814 NW 20 AVENUE		CITY-ST-ZIP	MIAMI, FL 33125		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">VP</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Carmen Mion Smith</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>814 NW 20 Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33125</td> <td></td> </tr> </table>			TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Carmen Mion Smith		STREET ADDRESS	814 NW 20 Avenue		CITY-ST-ZIP	Miami, FL 33125	
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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: 			Date: <b>4-21-04</b> Daytime Phone #: <b>305-642-2379</b>																										