

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

04-25-2003 90263 006 ***158.75

DOCUMENT # P02000013743

1. Entity Name
THE ADSMITH, INC.



Principal Place of Business
**814 NW 20 AVENUE
MIAMI FL 33125**

Mailing Address
**814 NW 20 AVENUE
MIAMI FL 33125**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
01-0597154

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

SMITH, SHAWN M
814 NW 20 AVENUE
MIAMI FL 33125

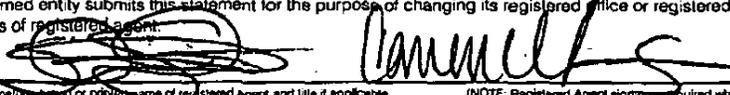
7. Name and Address of New Registered Agent

Name **Smith Carmen Mion**

Street Address (P.O. Box Number is Not Acceptable)
814 NW 20 AVENUE

City **Miami** FL Zip Code **33125**

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  **4/21/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME SMITH, SHAWN M	
STREET ADDRESS 814 NW 20 AVENUE	
CITY-ST-ZIP MIAMI FL 33125	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Smith, Shawn M	
STREET ADDRESS 814 NW 20 AVENUE	
CITY-ST-ZIP MIAMI FL 33125	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Smith, Carmen Mion	
STREET ADDRESS 814 NW 20 AVENUE	
CITY-ST-ZIP MIAMI, FL 33125	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 registered agent 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:  **REQUIRED**

Date **4/21/03** Daytime Phone # **305-642-2379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)