2007 FOR PROFIT CORPORATION

FILED Jan 19, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P02000024885** 1. Entity Name SMG GROUP INC. Principal Place of Business Mailing Address 14780 SW 136TH STREET 14780 SW 136TH STREET MIAMI, FL 33196 MIAMI, FL 33196 No Chg-P 01162007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0409576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTANA, MICHAEL E DO NOT WRITE 15522 SW 115TH ST. MIAMI, FL 33196 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SANTANA, MICHAEL E STREET ADDRESS 15522 SW 115TH ST MIAMI, FL 33196 CITY-ST-ZIP VPD TITLE SANTANA, GONZALO D NAME STREET ADDRESS 12151 SW 122 PATH CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR