2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # P02000028942** 1. Entity Name 04-08-2004 90020 049 ***150.00 SMILEY 451, INC. Mailing Address Principal Place of Business 2748 OAK TREE LANE 2748 OAK TREE LANE 94046952 OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309 Mailing Address INC 01292004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For uderdale, FL 04-3644581 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMILEY, WARREN G'JR. Street Address (P.O. Box Number is Not Acceptable) 2748 OAK TREE LANE OAKLAND PARK, FL 33309 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change SMILEY, WARREN G JR. NAME 2748 OAK TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33309 CITY-ST-ZIP Delete TITLE Change ☐ Addition SMILEY, KIMBERLY NAME NAME 11301 N.W. 27TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP --PLANTATION, FL 33323 .CITY-ST-7IP -SMILEY, WARREN, III ☐ Addition Delete TITLE TITLE SMILEY, WARREN SR. P.O. BOX 9841 NAME NAME STREET ADDRESS 11301 N.W. 27TH AVE. STREET ADDRESS FT. Lauderdale, FL 33310 CITY-ST-ZIP PLANTATION, FL 33323 CITY-ST-7IP TITLE ☐ Addition \Box ☐ Detete TITLE SMILEY, MARK A NAME NAME STREET ADDRESS STREET ADDRESS 1820 NW 42ND AVE. OAKLAND PARK, FL 33311 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 a address, with all other like empowered.

SIGNATURE

FILED