

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90016 021 ***150.00

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1. Entity Name
SMARTEM, INC.



Principal Place of Business
7700 N KENDALL DR, STE 405
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DR, STE 405
MIAMI, FL 33156

2. Principal Place of Business
8660 W. FLAGLER ST
Suite, Apt. #, etc. #200

3. Mailing Address
8660 W. FLAGLER ST
Suite, Apt. #, etc. #200



01102006 Chg-P CR2E034 (1005)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-1029058

Applied For
Not Applicable

Zip
33144

Country
USA

Zip
33144

Co
USA

5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR, STE 405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN

Street Address (P.O. Box Number is Not Acceptable)

8660 W. FLAGLER ST, #200

City MIAMI

FL

Zip Code 33144

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election, Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LEITMAN, LORN
STREET ADDRESS 7700 N KENDALL DR, STE 405
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8660 W. FLAGLER ST, #200
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

(Lorn Leitman)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/06
Date

305-222-1126
Daytime Phone #