
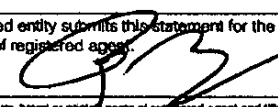
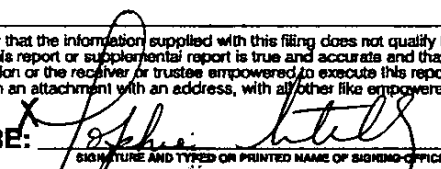


## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 JUL 11 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000038276</b> 1. Entity Name SMART AD ETC..., INC.			
Principal Place of Business 1000 BRICKELL AVENUE SUITE 720 MIAMI, FL 33131		Mailing Address 1000 BRICKELL AVENUE SUITE 720 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1000 BRICKELL AVE. Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131		Zip 1020	
Country US		Country US	
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAJANDOS, RICARDO 1000 BRICKELL AVENUE SUITE 720 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name RICARDO BAJANDOS P.A. Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE. ST. 1020 City MIAMI FL Zip Code 33131	
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 		RICARDO BAJANDOS, PRES 5/24/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input checked="" type="checkbox"/> Delete	NAME BAJANDOS, RICARDO	TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SOPHIA MARTELLY
STREET ADDRESS 1000 BRICKELL AVENUE	CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS 780 NE 69th St Unit 203	CITY-ST-ZIP Miami, FL 33138
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE 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 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: 		6/24/05 (786) 234-9877 <small>Date Date Phone #</small>	