

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90076 033 ***150.00

DOCUMENT # P02000055430

1. Entity Name
SMETANICK BROWN ART & DESIGN GROUP, INC.



Principal Place of Business Mailing Address
3422 CLEVELAND ST **3422 CLEVELAND ST**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

2. Principal Place of Business 3. Mailing Address
 Suits, Apt. #, etc. Suits, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
04-3684199 Not Applicable

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

6. Name and Address of Current Registered Agent
FINEBERG, LIBO B ESQ.
3500 GATEWAY DR, STE 201
POMPANO BCH FL 33069-4870

7. Name and Address of New Registered Agent
 Name **Amy Smetanick**
 Street Address (P.O. Box Number is Not Acceptable)
3422 Cleveland St
Hollywood Fl 33021
 City **FL** Zip Code **33021**

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 *Amy Smetanick* DATE 1-20-05
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SMETANICK, AMY J 3422 CLEVELAND ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS BROWN, CYNTHIA R 3422 CLEVELAND ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BROWN, CYNTHIA R 3422 CLEVELAND ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Amy Smetanick* Date 1-20-05 Daytona Phone # 954 904 5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR