

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000055430

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



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

Mailing Address
**3422 CLEVELAND ST
HOLLYWOOD FL 33021**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

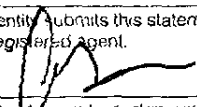
4. FEI Number **04-3684199** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SMETANICK, AMY
3422 CLEVELAND ST
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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  **1-30-06**
Signature, type or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when transferring) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

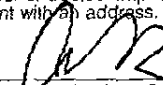
TITLE	DPST	☐ Delete
NAME	SMETANICK, AMY J	
STREET ADDRESS	3422 CLEVELAND ST	
CITY- ST- ZIP	HOLLYWOOD FL 33021	
TITLE	DVAS	☐ Delete
NAME	BROWN, CYNTHIA R	
STREET ADDRESS	3422 CLEVELAND ST	
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NAME	BROWN, CYNTHIA R	
STREET ADDRESS	3422 CLEVELAND ST	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME		
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CITY- ST- ZIP		
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02/15/06-80024-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06 9549666325
Date Daytime Phone