

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 012 ***150.00

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**

DO NOT WRITE IN THIS SPACE



07152008 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

7.18.04

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SMETANICK, AMY J
3422 CLEVELAND ST
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
BROWN, CYNTHIA R
3422 CLEVELAND ST
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
BROWN, CYNTHIA R
3422 CLEVELAND ST
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.13.08

Date

954 960-6325

Daytime Phone #