

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90120 002 \*\*\*150.00

<b>DOCUMENT #</b> P02000070683			
<b>1. Entity Name</b> S M G USA CORP.			
<b>Principal Place of Business</b> C/O SOFIA POWELL-COSIO 1900 S.W 3RD AVE. MIAMI FL 33129		<b>Mailing Address</b> C/O SOFIA POWELL-COSIO 1900 S.W 3RD AVE. MIAMI FL 33129	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>		<b>Country</b>	
<b>4. FEI Number</b> APPLIED FOR		<input checked="" type="checkbox"/> <b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent.</b>  POWELL-COSIO, SOFIA C/O SOFIA POWELL-COSIO 1390 BRICKELL AVENUE, STE. 200 MIAMI FL 33131		<b>7. Name and Address of New Registered Agent.</b> Name: <u>SOFIA POWELL - COSIO</u> Street Address (P.O. Box Number is Not Acceptable): <u>1900 SW 3 AVE</u> City: <u>MIAMI</u> <u>FL</u> Zip Code: <u>33129</u>	
<b>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.</b> SIGNATURE: <u>Sofia Powell - Cosio</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PSD NAME: SUPERTINO, SERGIO ATILIO STREET ADDRESS: 1390 BRICKELL AVE., SUITE 200 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 1900 SW 3 AVE CITY-ST-ZIP: MIAMI - FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: NASIF, GABRIEL NORMA STREET ADDRESS: 1390 BRICKELL AVE., SUITE 200 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 1900 SW 3 AVE CITY-ST-ZIP: MIAMI - FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>SIGNATURE REQUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)