## **2003 FOR PROFIT CORPORATION**

UNI	IFURM BUS	IME22	KEPUK	i (UDK	<u> </u>		U 219 4			
DOCUMENT # P02000076875  1. Entity Name						Secretary of State 02-21-2003 90249 009 ***150.00				
SMARTWE	AR TRADING, INC.	. •								
Principal Place of Business 7621 NW 37TH AVE MIAMI FL 33147			Mailing Address 7621 NW 37TH AVE MIAMI FL 33147			DOATMOZW				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			r	T OUTON LIEDE	IE MAKING	CHANCES	
							CHECK HERE I	r MAKING		
City & State			City & State			4. FEI Number 68-0	51503		No	oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate of			\$8.75 Add ee Require	
6. Name and Address of Current Registered Agent  Name						7. Name and A	ddress of New Re	egistered A	gent	· -
KATTAN, RAHAMIN			,	$oxed{\mathcal{I}}$	Street Address (P.O. Box Number is Not Acceptable)					
7621 NW 37TH AVE				7	800	RED RC	90	,		
MIAMI FL 33147						113				
:					Scuth	mam	1	FL	Zip Cod	143
	named entity/submits this state ons of registered agent.	ment for the purp	ose of changing its	registered office o	r registere	ed agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
	/m 7/	02		<del></del>				2/1	/veB	•
SIGNATURE	Signature, typed or printed name of register	red agent and title if app	licable. (NOT	E: Registered Agent signal	ure required	when reinstating)		DATE	, v en z	<u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						I	ion Campaign Fina Fund Contribution			<b>0</b> May Be i to Fees
10.	OFFICER	S AND DIRECTO		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR!	S IN 11
TITLE:			Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS 7	(attan, rahamin b 7621 NW 37TH AVE Miami FL 33147			NAME STREET ADDRESS CITY-ST-ZIP			·			j
TITLE [			□ Delete	TITLE	D.	PRES			Change	Addition
NAME (	CARVAJAL, EDUARDO			NAME	'		·		_ ,	_
	2950 NE 190TH ST, #302 AVENTURA FL 33180			STREET ADDRESS CITY-ST-ZIP						i
TITLE [	)	<del></del>	☐ Delete	TITLE	D,	ST4-72	<u></u>	•	Change	Addition
	KATTAN, ABRAHAM			NAME	,	,				
	'621 NW 37TH AVE MAMI FL 33147			STREET ADDRESS CITY-ST-ZIP	i					
TITLE			☐ Delete	TITLE	ים	V-P			☐ Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS	RICH	IARO E. I NW 377	HENRT LAVE			
CITY-ST-ZIP				CITY-ST-ZIP	MI	ami, fi	33147			
TITLE		•	☐ Delete	TITLE		•			☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRESS						}
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME	i					

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information auxiliary blied 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 AND TYPED