2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P03000034763						៩០ ជ	n.			
1. Entity Name SMS PROPERTY INVESTMENTS INC.					n	FILE SECRETARY IVISION OF CO	OF STATE	INS		
Principal Place of Business Mailing Address			A SOC V		-	06 AUG -2				
16115 SW 1		16115 SW 117 AVE			1	JO HUG Z	MITTE O	•		
#A4	17 AVE	#A4								
MIAMI, FL 33177 MIAMI, FL 33177										
2. Principal Place of Business 1015 SW 117 AVE 10115 SW 117				Ţ						
Suite, Apt. #, etc. A 3 Suite, Apt. #, etc.			<u> </u>		08012006	Chg-P	CR2E0	34 (11/05)		
City & Stat	· · · · · · · · · · · · · · · · · · ·		MIAMIFU			er PPLICABLE			plied For t Applicable	
Zip Country Zip Cour			Country	5. Certificate of Status Desired						
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Name										
SIU, SHAUNI 13727 SW 152 STREET #396 MIAMI, FL 33177				Street Address (P.O. Box Number is Not Acceptable)						
WIAWI, 1 E 33177										
		1	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.										
CICNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	P	Delete	TITLE		SIDENT		-	Change	☐ Addition	
NAME	SIU, SHAUNI		NAME	MA	eks, DA	MD	#AZ			
STREET ADDRESS CITY-ST-ZIP	16115 SW 117 AVE #A3		STREET ADDRESS CITY-ST-ZIP			117 AVE				
	MIAMI, FL 33177		······	Mi	ANI F	<u> </u>	++		T 4.44%	
TITLE NAME	MARKS, DAVID	Delete	TITLE NAME	د د ے ا	1. GHA	un I		Change	Addition	
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CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		AMI, F					
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TITLE		Delete ,	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	}						
12. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemptions of	ontained	in Chapter 11	9, Florida Statutes.	1 further cert	fy that the in	formation	
indicated	on this report or supplemental report is	true and accurate and that my	signature shall t	ave the s	same legal effe	ct as if made under es; and that my nar	oath; that I a	m an officer	or director	

8-1-06 7863380920 Date Daytime Phone #