


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000045580</b> 1. Entity Name <b>SMITH COMMERCIAL GROUP OF BROWARD, INC.</b>						<b>FILED</b> <b>05 JUL 29 AM 9: 26</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1065 NE 204 TERRACE</b> <b>MIAMI, FL 33179</b>				Mailing Address <b>1065 NE 204 TERRACE</b> <b>MIAMI, FL 33179</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>75-3116215</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TKACH, CONRAD H</b> <b>1065 NE 204 TERRACE</b> <b>MIAMI, FL 33179</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>SMITH, ALAN</b> STREET ADDRESS <b>1230 NW 7TH ST.</b> CITY- ST- ZIP <b>MIAMI, FL 33125</b>				TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>GEORGE WEIL</b> STREET ADDRESS <b>1230 NW 7TH ST.</b> CITY- ST- ZIP <b>MIAMI FL 33125</b>			
TITLE <del>VP</del> <input checked="" type="checkbox"/> Delete NAME <del>TKACH, CONRAD H: M:</del> STREET ADDRESS <del>1230 NW 7TH ST.</del> CITY- ST- ZIP <del>MIAMI, FL 33125</del>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							