

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90073 017 \*\*\*150.00

**DOCUMENT # P03000045580**

1. Entity Name

**SMITH COMMERCIAL GROUP OF BROWARD, INC.**



Principal Place of Business

**1065 NE 204 TERRACE  
MIAMI, FL 33179**

Mailing Address

**4300 SW 73RD AVENUE  
SUITE 105  
MIAMI, FL 33155**

**40124134**



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**75-3116215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, JOSEPHINE  
4300 SW 73RD AVENUE  
SUITE 105  
MIAMI, FL 33155**

**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

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SMITH, ALAN  
1230 NW 7TH ST.  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WEIL, GEORGE  
1230 NW 7TH ST  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Signature Phone #

**7-5-07**

**305-262-6684**

ATTACHMENT  
40124134

Smith Commercial Group of Broward, Inc.

July 5, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

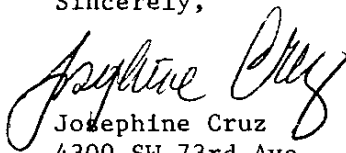
Ref: 2007 Annual Report  
EIN #75-3116215  
Document #P03000045580

Gentlemen:

We are enclosing our check #501 in the amount of \$150.00, and hereby request that you kindly waive the \$400.00 fee. We had not filed our 2007 Annual Report because we did not get notification until we received your "Notice of Intent to Dissolve," last week.

Thanking you in advance for your kind consideration to this request.

Sincerely,



Josephine Cruz  
4300 SW 73rd Ave  
Suite 105  
Miami, FL 33155



Smith Commercial Group of Broward, Inc.  
1065 NE 204<sup>th</sup> Terrace  
Miami, FL 33179  
305-785-6846 T • 305-655-0529 F