

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000928799
 05/21/08-80043-008 150.00

10. OFFICERS AND DIRECTORS

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

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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 ~~the~~ empowered.

SIGNATURE: Alan Smith Alan Smith 4/25/08 305-262-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #