

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90256 040 ***150.00

DOCUMENT # P03000086637

1. Entity Name
SMSB, INC.



Principal Place of Business
8360 SW 148TH DRIVE
MIAMI, FL 33158 US

Mailing Address
8360 SW 148TH DRIVE
MIAMI, FL 33158 US

44023701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

73-1675488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWLESSAR, MYRIAM M
8360 SW 148TH DRIVE
MIAMI, FL 33158

Name
Kowlessar, Myriam
Street Address (P.O. Box Number is Not Acceptable)
8360 SW 148th Drive
City
Miami FL Zip Code
33158

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

Myriam Kowlessar

(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P KOWLESSAR, MYRIAM M
STREET ADDRESS
8360 SW 148TH DRIVE
CITY-ST-ZIP
MIAMI, FL 33158 ☒ Delete

TITLE
NAME
P Kowlessar, Myriam
STREET ADDRESS
8360 SW 148th Drive
CITY-ST-ZIP
Miami FL 33158 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 a, other like empowered.

SIGNATURE: Myriam Kowlessar Myriam Kowlessar, President

(305) 233-0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #