

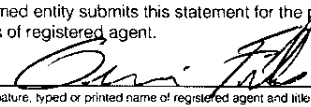
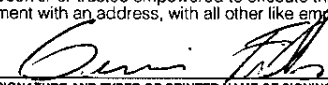


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90726 043 ***158.75

DOCUMENT # P03000098069					
1. Entity Name SMART SALE REALTY, INC.					
Principal Place of Business 1450 BRICKELL BAY DRIVE #1406 MIAMI, FL 33131			Mailing Address 1450 BRICKELL BAY DRIVE #1406 MIAMI, FL 33131		
2. Principal Place of Business 5201 Blue Lagoon Drive Suite, Apt. #, etc. Penthouse City & State Miami, FL Zip 33126		3. Mailing Address 5201 Blue Lagoon Drive Suite, Apt. #, etc. Penthouse City & State Miami, FL Zip 33126			
Country U.S.A.		Country U.S.A.		4. FEI Number 27-0073830	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREITAS, GIOVANNI 1450 BRICKELL BAY DRIVE #1406 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: Giovanni Freitas Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive, Penthouse City: Miami, FL Zip Code: 33126	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREITAS, GIOVANNI 1450 BRICKELL BAY DRIVE #1406 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Giovanni Freitas 5201 Blue Lagoon Drive, Penthouse Miami, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: 			Date: 04/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		