

2005 FOR PROFIT CORPORATION REINSTATEMENT

REI-04-05

FILED

05 APR -4 PM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000147591	
1. Entity Name SM-TECH, INC.	



Principal Place of Business 8946 WEST FLAGLER ST., STE. 206 MIAMI, FL 33174	Mailing Address 8946 WEST FLAGLER ST., STE. 206 MIAMI, FL 33174
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2. Principal Place of Business 6714 N. WATERWAY DR. Suite, Apt. #, etc.	3. Mailing Address 6714 N. WATERWAY DR. Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33155	Country USA

6. Name and Address of Current Registered Agent STEVEN J. LACHTERMAN, P.A. 848 BRICKELL AVE., STE. 750 MIAMI, FL 33131	
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03242005 REIN-P CR2E098 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>[Signature]</i>	DATE 3/24/05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALIDO, LAWRENCE 8946 WEST FLAGLER ST., STE. 206 MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALIDO, LAWRENCE 6714 N. WATERWAY DR. MIAMI, FL 33155
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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: <i>[Signature]</i>	DATE (305) 430-0444