2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026190

Entity Name: JACK SMITH ENTERPRISES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1751 NW 191 ST 1751 NW 191 ST

MIAMI, FL 33056 OPA - LOCKA, FL 33056

Current Mailing Address: New Mailing Address:

1751 NW 191 ST 1751 NW 191 ST

MIAMI, FL 33056 OPA - LOCKA, FL 33056

FEI Number: 20-0714053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SMITH, JACK W SR
 SMITH, JACK W SR

 1751 NW 191 ST
 1751 NW 191 ST

MIAMI, FL 33056 US OPA - LOCKA, FL 33056 US

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.

SIGNATURE: JACK W. SMITH SR. 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SMITH, DOROTHY M
 Name:
 SMITH, DOROTHY M

 Address:
 1751 NW 191 ST
 Address:
 1751 NW 191 ST

 City-St-Zip:
 MIAMI GARDENS, FL 33056
 City-St-Zip:
 OPA - LOCKA, FL 33056

Title: VP () Delete Title: VP (X) Change () Addition

Name: SMITH. TIMOTHY Name: SMITH. TIMOTHY

 Address:
 16101 N.W. 18TH AVENUE
 Address:
 16101 N.W. 18TH AVENUE

 City-St-Zip:
 MIAMI GARDENS, FL 33054
 City-St-Zip:
 OPA - LOCKA, FL 33054

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: SMITH, JACK W SR. Name: SMITH, JACK W SR. Address: 1751 N.W. 191 ST Address: 1751 N.W. 191 ST

 Address:
 1751 N.W. 191 ST
 Address:
 1751 N.W. 191 ST

 City-St-Zip:
 MIAMI GARDENS, FL 33056
 City-St-Zip:
 OPA - LOCKA, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. SMITH P 04/28/2009