2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-18-2005 90071 025 ***158.75

DOCUMENT # P04000055885

1. Entity Name
S M R INVESTMENT GROUP, INC.

Principal Place of Business
2091 NW 185TH WAY
PEMBROKE PINES, FL 33029 US

Mailing Address
2091 NW 185TH WAY
PEMBROKE PINES, FL 33029 US

CC012382

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1012952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDEA AND ASSOCIATES SERVICE GROUP INC.
4445 W 16TH AVENUE
SUITE 502
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name: Robert Alonso
Street Address (P.O. Box Number is Not Acceptable): 2091 NW 185 WAY
City: Pembroke Pines FL Zip Code 33029

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: [signature] Robert Alonso 3-16-05
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, 2005 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	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALONSO, ROBERT		NAME	
STREET ADDRESS	2091 NW 185TH WAY		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 3-16-05 954-6585768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #