

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
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66012382



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**

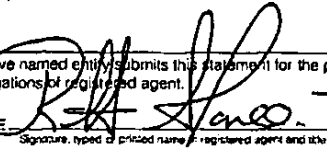
6. Name and Address of Current Registered Agent

**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.

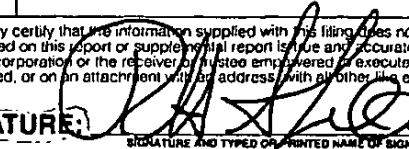
SIGNATURE  **Robert Alonso** DATE **3-16-05**
(NOTE: Registered Agent signature required when registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALONSO, ROBERT 2091 NW 185TH WAY PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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 another like empowered.

SIGNATURE  DATE **3-16-05** DAYTIME PHONE # **954-658-5768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR