


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90359 041 ***150.00

DOCUMENT # P04000066092 1. Entity Name MICHAEL B. SMITH, INC.					
Principal Place of Business 2889 MCFARLANE RD NO 2001 COCONUT GROVE, FL 33133			Mailing Address 2889 MCFARLANE RD NO 2001 COCONUT GROVE, FL 33133		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address MICHAEL B. SMITH, INC Suite, Apt. #, etc. P.O. Box 330852 City & State COCONUT GROVE, FL Zip 33233		4. FEI Number 20-1051599 Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent REISMAN, JOSEPH B 1 S E 3RD AVE STE 3050 MIAMI, FL 33131			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 _____ (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. <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	DPT SMITH, MICHAEL B 2889 MCFARLANE RD NO 2001 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MICHAEL B. SMITH P.O. Box 330852 COCONUT GROVE, FL, 33233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REISMAN, JOSEPH B % 2889 MCFARLANE RD NO 2001 COCONUT GROVE, FL 33133 <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: <i>Michael B. Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-23-5 305-441-1150 Date Daytime Phone #		