


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 026 ***158.75

DOCUMENT # P04000118660	
1. Entity Name SMJ INVESTMENTS INC.	

Principal Place of Business 2482 CENTERGATE DRIVE UNIT 205 MIRAMAR, FL 33025	Mailing Address 2482 CENTERGATE DRIVE UNIT 205 MIRAMAR, FL 33025
--	--

50000351

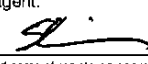


2. Principal Place of Business 901 S. STATE Rd. F	3. Mailing Address 901 S. STATE Rd. F
Suite, Apt. #, etc. Penthouse	Suite, Apt. #, etc. Penthouse
City & State Hollywood, FL.	City & State Hollywood, FL.
Zip 33023	Country U.S.A.

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1446760		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IRVING, SEAN 2482 CENTERGATE DRIVE UNIT 205 MIRAMAR, FL 33025		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	D IRVING, SEAN 2482 CENTERGATE DRIVE UNIT 205 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP IRVING, SEAN 2482 CENTERGATE DRIVE #205 MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV SMITH, JAIME-ANN 2482 CENTERGATE DRIVE #205 MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____