APR-26-2005 15:27 GRAU & CO. CPA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90416 033 ***150.00

DOCUMENT # P04000124812

1. Entity Name
SMATHERS PLAZA, INC.

14014318

04262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155	7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155

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

4. FEI Number 20-2499625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D DUFFIE, ALBEN 6013 NW 7TH AVENUE 2ND FLOOR MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD DUFFIE, ALBEN 6013 NW 7TH AVENUE MIAMI, FL 33127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLER, ALLEN D 201 ALHAMBRA CIRCLE SUITE 602 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD FULLER, ALLEN 201 ALHAMBRA CIR, STE 602 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 ST AC1-234 NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DeGUARDIOLA, GEORGE 1153 TOWN CENTER DR., SUITE 202 JUPITER, FL 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEMOND, DANIEL A 18804 NW 79TH WAY HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, KEITH 6013 NW 7TH AVENUE MIAMI, FL 33127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABAD, MAGALI 2430 SW 18TH STREET MIAMI, FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORRIS-WEEKS, BURNADETTE 100 SE 6TH STREET FT. LAUDERDALE, FL 33301	☐ 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 all other like empowered.

SIGNATURE: _____ 04-25-2005 305-267-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #