

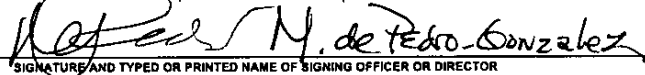


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90391 048 \*\*\*158.75

<b>DOCUMENT # P04000124812</b>					
<b>1. Entity Name</b> SMATHERS PLAZA, INC.					
<b>Principal Place of Business</b> 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155			<b>Mailing Address</b> 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2499625	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130			Name <b>DE PEDRO-GONZALEZ, MARIA N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7483 SW 24th ST, SUITE 209</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>		
<b>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.</b>					
SIGNATURE 			DATE <b>04-22-06</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUFFIE, ALBEN 6013 NW 7TH AVE MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abad, Magali R. 2430 SW 18 Street Miami, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FULLER, ALLEN D 201 ALHAMBRA CIRCLE SUITE 602 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norris-Weeks, Bernadette 100 SE 6 Street Ft. Lauderdale FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFENBEIN, PAMELA PHD 3000 NE 151 ST AC1-234 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMOND, DANIEL A 18804 NW 79TH WAY HIALEAH, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGUARDIOLA, GEORGE 1153 TOWN CENTER DR. SUITE 202 JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH 6013 NW 7TH AVE MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			<b>04-22-06</b>		<b>(305) 267-3624</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #