

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041196

FILED
Apr 22, 2008
Secretary of State

Entity Name: SMA PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

9240 SUNSET DRIVE
286
MIAMI, FLORIDA, FL 33173

Current Mailing Address:

9240 SUNSET DRIVE
286
MIAMI, FLORIDA, FL 33173

New Principal Place of Business:

9240 SUNSET DRIVE
236
MIAMI, FLORIDA, FL 33173

New Mailing Address:

9240 SUNSET DRIVE
236
MIAMI, FLORIDA, FL 33173

FEI Number: 20-2521646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALONSO, SUZETTE M
9240 SUNSET DRIVE
286
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

ALONSO, SUZETTE M
9240 SUNSET DRIVE
236
MIAMI, FL 33173 US

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.

SIGNATURE:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALONSO, SUZETTE M
Address: 9240 SUNSET DRIVE, SUITE 286
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: ALONSO, ANTONIO C
Address: 9240 SUNSET DRIVE, SUITE 286
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: ALONSO, GERARDO A
Address: 9240 SUNSET DRIVE, SUITE 286
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALONSO, SUZETTE M
Address: 9240 SUNSET DRIVE, SUITE 236
City-St-Zip: MIAMI, FL 33173

Title: T (X) Change () Addition
Name: ALONSO, ANTONIO C
Address: 9240 SUNSET DRIVE, SUITE 236
City-St-Zip: MIAMI, FL 33173

Title: S (X) Change () Addition
Name: ALONSO, GERARDO A
Address: 9240 SUNSET DRIVE, SUITE 236
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZETTE M. ALONSO

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date