

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90193 040 ***150.00

DOCUMENT # P05000056743 1. Entity Name SMTM MANAGEMENT CORP.						
Principal Place of Business 17800 SW 3RD STREET PEMBROKE PINES, FL 33029			Mailing Address 17800 SW 3RD STREET PEMBROKE PINES, FL 33029			
2. Principal Place of Business 115 N.E. 12th Avenue		3. Mailing Address 115 N.E. 12th Avenue				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 54-2171845		
Zip 33301		Country 		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent REDGRAVE & ROSENTHAL, LLP 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PALMER, GARY 17800 SW 3RD STREET PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Palmer, Gary 115 N.E. 12th Avenue Fort Lauderdale, FL 33301	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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.						
SIGNATURE: <u>Gary Palmer</u> GARY PALMER 4/25/2006 954 478 9616 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						