

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-03-2006 90206 013 ***150.00

DOCUMENT # P05000084636 1. Entity Name SMP PROPERTY INC.					
Principal Place of Business 5107 N.W. 58TH TERRACE CORAL SPRINGS, FL 33067			Mailing Address 5107 N.W. 58TH TERRACE CORAL SPRINGS, FL 33067		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent WRIGHT, ROBERT E 5151 N.E. 18TH TERRACE FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</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	P FRANCO, SAMUEL 5107 N.W. 58TH TERRACE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AZOALOS, MOSHE 5107 N.W. 58TH TERRACE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LICATE, PAULO 5107 N.W. 58TH TERRACE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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>Samuel Franco</u> SAMUEL FRANCO 4/15/06 954-771-4850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66019000



04022006 Chg-P CR2E034 (11/05)

4. FEI Number **87-0748050** Applied For Not Applicable

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

FL Zip Code

DATE

☐ Change ☐ Addition

☐ Change ☐ Addition

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Date

Daytime Phone #