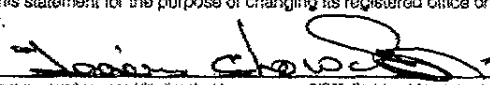
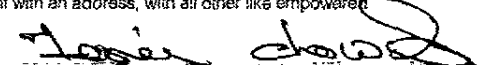


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000110864		
1. Entity Name SMZP, INC		
Principal Place of Business 150 N. VOLUSIA AVE ORANGE CITY, FL 32763 US		Mailing Address 150 N. VOLUSIA AVE ORANGE CITY, FL 32763 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHOWDHURY, TASNIA 2678 CORBY DR 1216 ORANGECITY, FL 32763		01102007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-3378343 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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:  01-10-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P.D	
NAME	CHOWDHURY, TASNIA	
STREET ADDRESS	2678 CORBY DR, # 1216	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  01-10-07-386-775-0679 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



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IN THIS SPACE

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08/02/07-80001-009 550.00

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IN THIS SPACE