## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 8:00 am Secretary of State

Solic AMERICAN STREET   Solic American	DOCUMENT # P05000148088  1. Entity Name SMAYCA INC.							016 ***150.00	,	
Solid EMESON STREET   ACKSONVILLE FL 32207 US   Solid EMESON STREET   ACKSONVILLE FL 32207 US   Solid EMESON STREET   ACKSONVILLE FL 32207 US   Solid EMESON   Solid Floor   Ackson Floo	Principal Pla	ce of Business	Mailing Address			1				
DACKSONVILLE, FL 32207 US	3616 EMER	SON STREET	<del>-</del>	EET						
Suite, Apt. 4; etc.	JACKSONVIL	LE, FL <b>32207 U</b> S								
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Suite, Apt. 4; etc.	2. Principal	Place of Business	3 Mailing Address							
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City & State	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			1				
Zip Country Zip Country Zip Country S. Certificate of Status Desired Status Desir						02042006	Chg-P	CR2E034 (11/05	)	
Second content against a part of the property of the propert	City & Sta	te	City & State	City & State		4. FEI Numbe	er		Applied For	
S. Cerdificator of Status Desired   \$8.75 Additional Fore Required   \$8.75 Additional Fore Required	7:-		<del></del>			20	<u>-4247252</u>		Vot Applicable	
6. Name and Address of Current Registered Agent  SEARS, CHARLES A 3616 EMERSON STREET, JACKSONVILLE, FL 32207  City  FL Zip Code  City  City  City  City  City  City  City  FL Zip Code  City	ZID	1 × 1 2	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 AG	dditional	
SEARS, CHARLES A 3616 EMERSON STREET JACKSONVILLE, FL 32207  8. The above named entity submits diss 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  FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing Trust Fund Controllution After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IFILE NOWII FEE IS \$150.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IFILE NOWIE FOR WILL FEE STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IFILE NOW, 12.006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IFILE NOW, 12.006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IFILE NOW, 12.006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	<del></del>		agistand & saut	<u> </u>		<u>l</u>		Fee Requir	red	
SEARS, CHARLES A 3616 EMERSON STREET; JACKSONVILLE, FL 32207    City   FL   Zip Code		o. Name and Address of Current P	registered Agent	Nam		7. Name and	Address of New R	egistered Agent		
ACKSONVILLE, FL 32207  8. The above named entity submissible 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, shows or prince registered agent, shows or prince registered agent, shows or prince registered agent, and show applicable.  **TILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  **OFFICERS AND DIRECTORS**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11/1/2  11/1/2  11/1/2  11/1/3  11/1  11/1/3  11/1  11/1/3  11/1  11/	SEARS, C	HARLES A			Name					
8. The above named entity submits fine statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNÀTURE    SignAtrue   SignAtr	3616 EME	RSON STREET		Stree	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submist, 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, and both in the State of Florida. I am familiar with, and accept the obligations of registered agent, and both in the State of Florida. I am familiar with, and accept the obligations of registered agent, and both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  FILE NOW!! FREE iS 3150.00  After May 1, 2006 Fee will be \$550.00  PNURMAMEDOV, SHATLYK 10969 SUGAR CRANE COURT 110   Delete	JACKSON	IVILLE, FL 32207."		<del></del>			<del></del>			
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SIGNATURE Systems registered agent. or booth, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Systems required registered agent.  SYSTER ADDRESS (CITY-ST-2P)  FILE NOW!!! FEE IS 3150.00  After May 1, 2006 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution  P. NURMAMEDOV, SHATLYK 10969 SUGAR CRANE COURT 10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NAME 10969 SUGAR CRANE COURT 10969 SUGAR CRANE COURT 10969 SUGAR CRANE COURT 1011  FILE NAME SIRET ADDRESS CITY-ST-2P  FILE NAME SIR				City				Zip Co	de	
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		ertify that the information		····						

Thereby 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 changed, or on an attachment with a state empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if

GNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Designe Prome #

SIGNATURE:

Daytime Phone #