

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 048 ***150.00

DOCUMENT # P06000079264

1. Entity Name
S&M MIAMI SERVICES, INC..



Principal Place of Business
4405 SW 139 Ct
MIAMI, FL 33175 US

Mailing Address
4405 SW 139 Ct
MIAMI, FL 33175 US

400007400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5019748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, ANISLEY
821 NW 39 CT
MIAMI, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

4405 S.W. 139 CT

City **MIAMI**

FL

Zip Code
33175

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 *Quisley Simon*

(NOTE: Registered Agent signature required when reinstating)

01/24/07 **AS**

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 **D** ☐ Delete
NAME **SIMON, ANISLEY**
STREET ADDRESS **821 NW 39 CT**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete
NAME **MARTINEZ, JUAN M**
STREET ADDRESS **5897 SW 17 ST**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4405 S.W. 139 CT**
CITY-ST-ZIP **MIAMI FLORIDA 33175**

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TITLE ☐ Change ☐ Addition
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 *Quisley Simon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *01/24/07* Daytime Phone # **AS**

(786) 346 4752

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P06000079264					
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Principal Place of Business 4405 SW 139 CT. MIAMI, FL 33175 US			Mailing Address 4405 SW 139 CT. MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192007 Chg-P CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 20-5019748	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIMON, ANISLEY 821 NW 39 CT MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4405 S.W. 139 CT City MIAMI FL Zip Code 33175		
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: <i>[Signature]</i> Anisley Simon			DATE: 01/24/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <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 SIMON, ANISLEY <input type="checkbox"/> Delete 821 NW 39 CT MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4405 S.W. 139 CT MIAMI FLORIDA 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JUAN M <input type="checkbox"/> Delete 5897 SW 17 ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4405 S.W. 139 CT MIAMI FLORIDA 33175	
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SIGNATURE: <i>[Signature]</i> Anisley Simon			DATE: 01/24/07 (786) 346 4752		