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NO TYPED OR PRINTS

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ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:(X)

Jan 31, 2007 8:00 am 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** Secretary of State DOCUMENT # P06000079264 01-31-2007 90045 048 ***150.00 S&M MIAMI SERVICES, INC.. 40007477 Principal Place of Business Mailing Address 4405 SW 139 Ct 4405 SW 139 CH MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5019748 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, ANISLEY Street Address (P.O. Box Number is Not Acceptable) 821 NW 39 CT 4405 S.W. 139 CT MIAMI, FL 33126 Zip Code City MIAMÍ 33:75 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 segistered agent. SIGNATURE TE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition SIMON, ANISLEY NAME NAME 4405 SND. 139 CT 821 NW 39 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP MIAMI FLORIDA 33175 TITLE ☐ Delete Change Addition TITLE MARTINEZ, JUAN M NAME 4405 S.W. 1390T 5897 SW 17 ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP MIAMI FLORIDA 33175 Delete Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

786)346 4752

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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· · · · ·	6. Name and Address of Currer	at Registered Agent	<u> </u>		7 Name and	Address of New R		Fee Require	ed
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SIMON, ANISLEY									
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8. The above	named entity submits this statement	for the purpose of changing its	s registered			h, in the State of Flo		amiliar with	and accept
the obligat	tions of registered agent.	0.10	(ou agon, or son	, 11 110 01210 01 11	1	1	A F.
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