## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000093467

Entity Name: SMART ZONE INC.

Title:

Name: Address:

City-St-Zip:

TREA

ICE, CRISTINA M

10132 SW 79 AVENUE

MIAMI, FL 33156 US

() Delete

FILED Jun 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8450 S.W. 8 STREET MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 8450 S.W. 8 STREET MIAMI, FL 33144 US FEI Number: 20-5218050 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTERO, ADRIANA M OTERO, ADRIANA M 12340 SW 22 TERRACE 613 SW 93 CT MIAMI, FL 33175 MIAMI, FL 33174 US 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. SIGNATURE: ADRIANA OTERO 06/07/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition OTERO, ADRIANA M OTERO, ADRIANA M Name: Name: 12340 SW 22 TERRACE 613 SW 93 CT Address: Address: City-St-Zip: MIAMI, FL 33175 US City-St-Zip: MIAMI, FL 33174 US ( ) Delete Title: VΡ Title: () Change () Addition Name: OTERO, RUBEN Name: 10132 SW 79 AVENUE Address: Address: MIAMI, FL 33156 US City-St-Zip: City-St-Zip: Title: Title: SEC ( ) Delete () Change () Addition OTERO, CARY Name: Name: 613 SW 93 CT. Address: Address: City-St-Zip: MIAMI, FL 33174 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ADRIANA OTERO PRES 06/07/2008

() Change () Addition