

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 037 ***158.75

DOCUMENT # P07000059977 1. Entity Name P & R & J SMITH CORP.			
Principal Place of Business 3620 SW 108 AVE., MIAMI, FL 33165		Mailing Address 3620 SW 108 AVE., MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 1788 N.W. 23 st		3. Mailing Address 3620 S.W. 108 Ave	
Suite, Apt. #, etc. Miami FL.		Suite, Apt. #, etc. Miami FL.	
City & State 33165 FL-USA		City & State 33165 FL-USA	
Zip 33165		Zip 33165	
Country USA		Country USA	
4. FEI Number 42-1736203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RAQUEL 3620 SW 108 AVE., MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Perfecto G. Smith</i>			
9. *Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/T	NAME SMITH, PERFECTO	TITLE 	NAME
STREET ADDRESS 3620 SW 108 AVE	CITY-ST-ZIP MIAMI, FL 33165	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP/S	NAME SMITH, RAQUEL	TITLE 	NAME
STREET ADDRESS 3620 SW 108 AVE	CITY-ST-ZIP MIAMI, FL 33165	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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: <i>Perfecto G. Smith</i>		Date: 01/15/08	