2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM DOCHMENT # P94000092363 **Secretary of State** 1. Entity Name S.M. MARTIN, INC. Principal Place of Business Mailing Address 1241 - 1251 N DIXIE HWY POMPANO FL 33069 2840 NE 24TH PL FT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0560396 Not Applicable Ζip Country $Z_{\rm ID}$ Country \$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 Name ADAMS, ROGER 2840 NE 24TH PLACE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33305 City 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. Signature, typed or printed name of registered agent and title if applicable (NO1E. Registered Agent argnature required when reinstalling) DATE FILE NOW!!! FEE JS \$150.00 9. Election Campaign Financing \$5.00 May 89 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS ΠħF ☐ Defete TITLE ☐ Change ☐ A..... NAME ADAMS, ROGER NAME U00000435859 STREET ADDRESS 2840 NE 24TH PLACE STREET ADDRESS 02/27/06-80009-002 150.00 FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITT F ☐ Change Adenti. NAME ADAMS, GERI NAME STREET ADDRESS 2840 NE 24TH PLACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TILLE Delete ☐ Change □ Admii NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □/..." NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C)TY-ST-ZIP TITLE ☐ Change □ Delete TITLE Addison NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, 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.

FILED

SIGNATURE: GERALDINE ADAMS Moraldin Odaws 2/13/06