

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000101523**

1. Corporation Name  
**SMOOTHALL, INC.**

Principal Place of Business  
**5577 NW 200TH ST  
MIAMI FL 33055**

Mailing Address  
**5577 NW 200TH ST  
MIAMI FL 33055**

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90090 033 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/01/1997**

4. FEI Number  
**65-0715111**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 **235 NE. 46th Street**

2a. Mailing Address  
26 **P.O. BOX 170056**

22 Suite, Apt. #, etc.  
23 **MIAMI, Florida**

27 Suite, Apt. #, etc.  
28 **HiALEAH, Florida**

24 Zip **33137** 25 Country **USA**

29 Zip **33017-0056** 30 Country **USA**

9. Name and Address of Current Registered Agent

**EPPS, CRAIG Y  
20019 NW 34TH AVE  
MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SYMONETTE, BRIAN A	5577 NW 200TH ST	MIAMI FL 33055	<input type="checkbox"/>
D	SYMONETTE, ALAN L	6788 BROOKLINE DR	HALEAH FL 33015	<input type="checkbox"/>
D	EPPS, CRAIG Y	20019 NW 34TH AVE	MIAMI FL 33056	<input type="checkbox"/>
D	JACKSON, VERNON JR	5577 NW 200TH ST	MIAMI FL 33055	<input type="checkbox"/>
D	SYMONETTE, STEPHANIE	6788 BROOKLINE DR	HALEAH FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		3410 N.W. 196 LANE	Opa-Locka, Florida 33056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		235 N.E. 46th Street	MIAMI, Florida 33137	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Daytime Phone #

CR2E034 (1/98)