


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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01-23-2004 90025 047 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004054	
Entity Name SME BROKER SERVICES, INC.	

Principal Place of Business 5223 SHEA'S COVE LADY LAKE, FL 32159	Mailing Address 5223 SHEA'S COVE LADY LAKE, FL 32159
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2. Principal Place of Business 10935 SE 177th Place Suite, Apt. #, etc. Suite 202 City & State Summerfield, FL Zip 34491	3. Mailing Address 10935 SE 177th Place Suite, Apt. #, etc. Suite 202 City & State Summerfield, FL Zip 34491
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01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3429414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATHANSON, MAURA SME CLERICAL SERVICES INC. 5223 SHEA'S COVE LADY LAKE, FL 32159
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7. Name and Address of New Registered Agent Name Maura Nathanson Street Address (P.O. Box Number is Not Acceptable) 5223 Shea's Cove City Lady Lake FL Zip Code 32159

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. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD NATHANSON, MAURA 5223 SHEA'S COVE LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **X Maura Nathanson President** **X 1/20/04** **X (352) 347-4411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #