


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90167 030 ***150.00

DOCUMENT # P98000007552	
1. Entity Name THE SMARTEST SHOP IN TOWN, INC.	

Principal Place of Business 6305 NW 23RD STREET MARGATE, FL 33063	Mailing Address 900 E ATLANTIC BLVD 17 POMPANO BEACH, FL 33060
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00047471

2. Principal Place of Business	3. Mailing Address 7041 W. Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 6A
City & State	City & State Ft Lauderdale FL
Zip	Country
33319	USA



04072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0811264		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORSELL VITONE, LYNN 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name: Lynn Vitone Street Address (P.O. Box Number is Not Acceptable) 7041 W. Commercial Blvd Ste 6A City: Ft Lauderdale FL 33319

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: R VITONE Lynn Vitone 4-28-5
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PST CORSELL VITONE, LYNN 12168 148 RD N WEST PALM BEACH, FL 33418 <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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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: R VITONE Lynn Vitone 4-28-5 954-771-3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #