

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90116 036 \*\*\*150.00

**DOCUMENT # P98000075858**

1. Entity Name  
SMAX, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11471 W SAMPLE RD

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 8

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS, FL

City & State

4. FEI Number  
65-0867228

Applied For  
Not Applicable

Zip  
33065

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ILEEN MESSINGER

Street Address (P.O. Box Number is Not Acceptable)  
5618 NW 117 AVENUE

City  
CORAL SPRINGS

FL

Zip Code  
33076

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.

SIGNATURE

*Ileen Messinger*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00.  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
ILEEN MESSINGER  
5618 NW 117 AVENUE  
CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ileen Messinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

954-345-4030

Daytime Phone #

CR2E034B (12/01)