2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 08:00 AM Secretary of State

DOCUMENT # P99000028778 1. Entity Name SAM SMITH JR. INC							Šecret	tary o	f Sta	ite *
Principal Place of Business Mailing Address						_				
2212 W. 4TH CT.			2212 W. 4TH CT.							
HAILEAH, FL 33010 HAILEAH, FL			HAILEAH, FL 33010							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt #, etc			Suite, Apt #, etc			04262006	Chg-P	CR2E03	4 (11/05)	
City & State			City & Stale			4. FEI Numbe 65-091				pplied For ot Applicable
Zip	Country		ip Countr		ntry	5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address	of Current Regis	tered Agent	<u> </u>		7. Name and	Address of New R			-
344014 15					Name					
MACK, J.D. 9820 NW 7TH AVE.					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33150 .							•			•••
					City	*		FL	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its registered of						ered agent, or bot	h in the State of Flo		⊥ miliar with.	and accept
the obligat	tions of registered agent.			.,		~				
SIGNATURE:					_					
	Signature, typed or pririted name of	gretered agent and title	I applicable (NOT)	E Registera	d Agent signature requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Plust Fund Contribution					· , ~ ·	5.00 May Be ided to Fees				
10.	OFF	ICERS AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND E	RECTOR	S IN 11
TITLE	PD		☐ Delete	Itte	-			(☐ Change	Addition
NAME STREET ADDRESS	SMITH, SAM JR 2212 W. 4TH CT.			NAM	1		HODOG	1562701		
CITY ST-ZIP	HAILEAH, FL 33010			ET ADDRESS -ST-ZIP		05/19/06	0562701 -80065-024 150.00			
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CITY-ST-ZIP				-	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					ET ADORESS					
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NAME				NAM						
STREET ADDRESS -					ET ADHMESS					
	arthfulthat the information of	canting with this a	ling does not much!!		SI ZIP	ed in Observation	Davids Color	C	N	-£*
indicated of the cor changed,	ertify that the information si on this report or supplement poration or the receiver of to or on an attachment with a	ral report is true a fustee empowered h address, with al	and accurate and that n d to execute this report I other like empowered.	ny signal ny signal ns requi	emptions containe cure shall have the red by Chapter 60	ed in Chapter 119 e same legal effect 17, Florida Statutes	, Florida Statutes, I t as if made under o s, and that my name	emmer certify ath; that I arr appears in I	inat the in an officer Block 10 or	or director or Block 11 if