

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 021 ***155.00

DOCUMENT # P99000063458

1. Entity Name
S.M.L. INTERNATIONAL, INC.



Principal Place of Business
**905 N. RAILROAD AVE.
W. PALM BCH, FL 33401**

Mailing Address
**905 N. RAILROAD AVE.
W. PALM BCH, FL 33401**

54059930



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

05062004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0935204

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Fee Required

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVILA, JOSE M
905 N. RAILROAD AVE.
W. PALM BCH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVILA, JOSE M**
STREET ADDRESS **2072 SOUTH MILITARY TRAIL, #11**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. DAVILA C.

07/02/04 (561) 832-8702

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2004

S.M.L. INTERNATIONAL, INC.
905 N. RAILROAD AVE.
W. PALM BCH, FL 33401

SUBJECT: S.M.L. INTERNATIONAL, INC.
Ref. Number: P99000063458

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Make the necessary correction(s), sign and return the approved annual report for filing with your check totaling \$150.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 504A00030991