## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 07, 2004 8:00 am Secretary of State DOCUMENT # P99000086659 06-07-2004 90007 021 \*\*\*150.00 1. Entity Name SMILE MAN, INC. Principal Place of Business Mailing Address 14023521 SUPER 8 MOTEL 301 E 6TH ST #101 1250 E 23RD STREET FREMONT, NE 68025 FREMONT, NE 68025 2. Principal Place of Business 3. Mailing Address 9401 N4SSAU De 9401 Nassau Suite, Apt. #, etc. Suite, Apt. #, etc. 06012004 Chg-P CR2E034 (10/03) City & State City & State 4 FELNumber Applied For $\mathcal{M}_{i,\mathcal{D}}w_{I}$ MIDMI 65-0951825 Not Applicable 33189 Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_ [ 31.89 Fee Required\* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLARSETTY, VIJAY KUMAR Street Address (P.O. Box Number is Not Acceptable) 9401 NGSSの でん 7205 N.W. 68TH ST., #14 MIAMI, FL 33166 <sup>ઽૻૢ</sup>ઽૹ૿ૺૺ૾૱ૺ MIZMI 8. The above named entity Shomits 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition VILLARSETTY, VIJAY KUMAR NAME NAME 9401 N9SSAU DR. STREET ADDRESS 7205 N.W. 68TH ST., #14 STREET ADDRESS Mismi, (-2 33189 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP 9401 Nassau DR Change ☐ Addition TITLE Delete TITLE MANJULA, PILLARSETTY NAME NAME STREET ADDRESS 7205 NW 68TH ST #14 STREET ADDRESS MIRAMAR, FL 33466 CITY, ST. 7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TIBE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 preceiver 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 attagment unit agradutess, with all other like empowered. UIJAYKUMAR VIllarsetta SIGNATURE: Daytime Phone #

FILED