May 01, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **V22436**

| 1. Entity Name S.M.F.L. HOLDINGS, INC.   |  |  |                |   |               | 05-01-2003 90803 003 ***150.00                              |                                       |                             |  |
|--|--|--|----------------|---|---------------|---|---------------------------------------|-----------------------------|--|
| Principal Place of Business 5101 GEORGIA AVENUE WEST PALM BEACH FL 33405   |  | Mailing Address 5101 GEORGIA AVENUE WEST PALM BEACH FL 33405 |                |   |               |   |                                       |                             |  |
| 2. Principal F   | Place of Business  | 3. Mailing Address   |                |   | _             |   | I OLBIN OHON OHON J                   |                             |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |                |   |               | CHECK HERE IF MAKING CHANGES                                |                                       |                             |  |
| City & State   |  | City & State   |                |   | 4.            | FEI Number <b>65-0329930</b>                                | , , , , , , , , , , , , , , , , , , , | oplied For<br>ot Applicable |  |
| Zip Country  |  | Zip Coun   |                | try   | 5.            | Certificate of Status Desired                               | \$8.75 Add                            |                             |  |
| 6. Name and Address of Current Registered Agent  |  |  |                | 7. Name and Address of New Registered Agent |               |   |                                       |                             |  |
|  | براسي بالمراب والمستحدد والمراب المراب المرا |  | سيستون ه       | *Name*                                      | <u></u>       | منظمة المارون مداري ورواه والمراج الاستماد الموج            |                                       |                             |  |
| BAKER, J<br>5111 GEO   | ames J.<br>Orgia ave.  |  | Street Address |   | ess (P.O. E   | (P.O. Box Number is Not Acceptable)                         |                                       |                             |  |
| WEST PALM BEACH FL 33405   |  |  |                |   |               |   |                                       |                             |  |
|  |  |  |                | City  |               | F   | Zip Code                              | э                           |  |
|  | e named entity submits this statement f<br>tions of registered agent.  | or the purpose of changing it                                | ts register    | ed office or reg                            | gistered ag   | gent, or both, in the State of Fiorida. I ar                | n familiar with,                      | and accept                  |  |
| SIGNATURE  | Signature, typed or priced name of registered agen   | t and title if applicable. (NC                               | TE: Registere  | d Agent signature re                        | quired when r | reinstating) DATE   |                                       |                             |  |
| F  |  |  |                |   |               |   |                                       |                             |  |
| FILE NOW!!! FILE IS \$150.00  After May 1, 2003 File will be \$550.00  Make Check Payable to Florida Department of State |  |  |                |   |               | G. Election Campaign Financing     Trust Fund Contribution. | \$5.0<br>Added                        | <b>0</b> May Be<br>to Fees  |  |
| 10.  | OFFICERS AND   |  | 11.            |   | A             |   | ND DIBECTORS                          | 3 IN 11                     |  |
| TITLE 'S   | DP □ Delete Ti   |  | TITL           |   |               | 30,1,0,10,10,10,10,10,10,10,10,10,10,10,1                   | ☐ Change                              | Addition                    |  |
| NAME<br>STREET ADDRESS   | BAKER, JAMES J.<br>  5111 GEORGIA AVE.   |  | NAM<br>STRE    | et address                                  |               |   |                                       |                             |  |
| CITY-ST-ZIP  | WEST PALM BEACH FL   |  | CITY           | -ST-ZIP                                     |               |   |                                       |                             |  |
| TITLE<br>NAME  | VP<br>ANANDE, MARK   | ☐ Delete   | TITLE          | í   |               |   | ☐ Change                              | Addition                    |  |
| STREET ADDRESS   | 5101 GEORGIA AVE   |  |                | ET ADDRESS                                  |               | ,   |                                       |                             |  |
| CITY-ST-ZIP  | WEST PALM BEACH FL 33406   |  |                | -ST-ZIP                                     |               |   |                                       |                             |  |
| TITLE<br>NAME  |  | ☐ Delete   | TITLE<br>NAM   | í í   |               |   | Change                                | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | STRE           | ET ADORESS<br>-ST-ZIP                       |               |   |                                       | -                           |  |
| TITLE  |  | Delete   | TITLE          | :   |               | <del></del>   | ☐ Change                              | Addition                    |  |
| NAME<br>CTREET ADDRESS   |  |  | NAM            |   |               |   |                                       | 1                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                | ET ADDRESS<br>- ST- ZIP                     |               |   |                                       | l                           |  |
| TITLE  |  | ☐ Delete   | TITLE          |   |               |   | ☐ Change                              | Addition                    |  |
| NAME   |  |  | NAM            | 1   |               |   |                                       |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                | ET ADORESS<br>ST-ZIP                        |               |   |                                       |                             |  |
| TITLE  |  | ☐ Delete   | TITLE          |   |               |   | ☐ Change                              | Addition                    |  |
| NAME   |  | _ 0000   | NAMI           |   |               |   |                                       |                             |  |
| STREET ADDRESS   |  |  | ■ STRE         | ET ADDRESS                                  |               |   |                                       |                             |  |

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 supplimental 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 redeiver 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GARTUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Baker

4/25/03

561 585 328 2

Daytime Phone #

ODOEGOA (407)