2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # V72424 1. Entity Name SMITH CARTAGE, INC.					04-25-2005 90252 004 ***150.00				
Principal Place of Business 10800 NW 97 ST., STE 102 MIAMI, FL 33178		Mailing Address 10800 NW 97 ST., STE 102 MIAMI, FL 33178			ራ ህህ	77104			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-P	CR2E034	1 (10/03)	
City & State		City & State			4. FEI Number 65-0363	705		<u> </u>	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add e Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Ag	ent	
			Nam	e					
LEVINSON, EDWARD E 407 LINCOLN ROAD PENTHOUSE SOUTHEAST			Stree	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BE	ACH, FL 33139								
	*	City					FL	Zip Cod	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered offici	or register	red agent, or both,	in the State of Flo	orida. I am far	niliar with,	and accept
Grant on E.	Signature, typed or printed fame of registered agent	and title if applicable. (NOTE	: Registered Agent si	gnature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.									
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	1			.00 May Be ed to Fees				
After Ma	ay 1, 2005 Fee will be \$550.	OO Trust Fund Contr			ed to Fees	HANGES TO OFF	ICERS AND D	RECTORS	S IN 11
After Ma	ay 1, 2005 Fee will be \$550.	OO Trust Fund Contr	ibution.		ed to Fees	HANGES TO OFF		URECTORS	S IN 11
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After Ma 10. TITLE NAME	ay 1, 2005 Fee will be \$550. OFFICERS AND DS FUTERNICK, FRANK	OO Trust Fund Contr	11. TITLE NAME	Add	ed to Fees	HANGES TO OFF			
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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 employed to section his 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 wife all or the proposed of the corporation of the corporation or the receiver of the corporation of the

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

305-685-0325 Daytme Phone #