2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V72424

Address:

City-St-Zip:

10800 NW 97 ST., STE 102

MIAMI, FL 33178

Entity Name: SMITH CARTAGE INC

FILED Apr 15, 2009 Secretary of State

Littly Na	ille. Sivilitino	ARTAGE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10800 NW MIAMI, FL	97 ST., STE 33178	102			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10800 NW MIAMI, FL	97 ST., STE 33178	102			
FEI Number	: 65-0363705	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
407 LINCO PENTHOL	N, EDWARD E DLN ROAD JSE SOUTHE, ACH, FL 3313	AST			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS (FUTERNICK, F 10800 NW 97 MIAMI, FL 331	ST., STE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (FUTERNICK, L 10800 NW 97 MIAMI, FL 331	ST., STE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (FUTERNICK, J 10800 NW 97 MIAMI, FL 331	ST., STE 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (FUTERNICK, N) Delete MORRIS	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK FUTERNICK DS 04/15/2009