

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S78230

**Entity Name:** E. J. SMOKER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1200 E LAS OLAS BLVD.  
SUITE 401  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

1200 E LAS OLAS BLVD.  
SUITE 401  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 65-0282339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMOKER, EDWARD J  
1200 E LAS OLAS BLVD.  
SUITE 401  
FT. LAUDERDALE, FL 33301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name SMOKER, EDWARD J  
Address 1200 E LAS OLAS BLVD.  
SUITE 401  
City-State-Zip: FT. LAUDERDALE FL 33301

Title VSD  
Name SMOKER, NORMA  
Address 1200 E LAS OLAS BLVD.  
SUITE 401  
City-State-Zip: FT. LAUDERDALE FL 33301

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDWARD J SMOKER

DP

01/14/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date