

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2005  
Secretary of State**

DOCUMENT# N03000006387

Entity Name: FORMULA SMILES, INC.

**Current Principal Place of Business:**

12471 SW 21 LN  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

12471 SW 21 LN  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 83-0370463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NAON, ALBERTO  
12471 SW 21 LN  
MIAMI, FL 33175      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FREYDELL, CONNIE  
Address: 8475 NW 29 ST  
City-St-Zip: MIAMI, FL 33122

Title: D      ( ) Delete  
Name: MONTOYA, PABLO  
Address: 4436 NW DORAL CT  
City-St-Zip: MIAMI, FL 33178

Title: D      ( ) Delete  
Name: MCLEAN, JAMES  
Address: NINE ISLAND AVE STE 401  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO NAON

RA

02/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date