

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006835

FILED
May 02, 2011
Secretary of State

Entity Name: SHARING SMILES, INC.

Current Principal Place of Business:

4651 PONCE DE LEON SUITE 100
CORAL GABLES, FL 33134

New Principal Place of Business:

4651 PONCE DE LEON BLVD.
SUITE 100
CORAL GABLES, FL 33146

Current Mailing Address:

4651 PONCE DE LEON SUITE 100
CORAL GABLES, FL 33134

New Mailing Address:

4651 PONCE DE LEON BLVD.
SUITE 100
CORAL GABLES, FL 33146

FEI Number: 27-0772436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, KARENT DR
4651 PONCE DE LEON SUITE 100
CORAL GABLES, FL 33134 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: P
Name: SIERRA, KARENT DR
Address: 4651 PONCE DE LEON SUITE 100
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: RODRIGUEZ, MARYBEL
Address: 125 SW 130 AVE
City-St-Zip: MIAMI, FL 33184

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARENT SIERRA, DDS

PRES

05/02/2011

Electronic Signature of Signing Officer or Director

Date