

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132176

FILED
Jan 08, 2009
Secretary of State

Entity Name: SHINY SMILE DENTAL CARE, CORP.

Current Principal Place of Business:

4392 SW 126TH AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4392 SW 126TH AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 81-0587326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANDINO, MAYRA DDS
4392 SW 126TH AVE
MIAMI, FL 33027 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FANDINO, MAYRA DDS
Address: 4392 SW 126TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VD () Delete
Name: ALBERICH, JULIO ANTONIO
Address: 4392 SW 126TH AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: MAYRA FANDINO

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date