2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# P02000132176

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

OFFICERS AND DIRECTORS:

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

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

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: MAYRA FANDINO DDS PD 02/16/2012

Electronic Signature of Signing Officer or Director Date