2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: MONA LIZA SMILES, INC.

Current Principal Place of Business:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 56-2411657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELICIANO, LIZA MARIE DMD
17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

FELICIANO-HALL, LIZA MARIE DMD
17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160 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: LIZA MARIE FELICIANO-HALL, DMD 03/15/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FELICIANO-HALL, LIZA M DMD
Address: 17501 BISCAYNE BLVD STE 570
City-St-Zip: AVENTURA, FL 33160

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: LIZA MARIE FELICANO-HALL, DMD PRES 03/15/2011
Electronic Signature of Signing Officer or Director Date