

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006387

**Entity Name:** FORMULA SMILES, INC.

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131

**FEI Number:** 83-0370463

**Certificate of Status Desired:** No

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

LAW CENTER OF THE AMERICAS, LLC  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name NAON, ALBERT JR.  
Address 201 S. BISCAYNE BLVD. STE 800  
City-State-Zip: MIAMI FL 33131

Title DP  
Name FREYDELL, CONNIE  
Address 201 S. BISCAYNE BLVD. STE 800  
City-State-Zip: MIAMI FL 33131

*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:** ALBERT NAON JR.

**SECRETARY**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date