

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006835

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-0772436

**Certificate of Status Desired:** No

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

SIERRA, KARENT DR  
4651 PONCE DE LEON SUITE 100  
CORAL GABLES, FL 33134 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	P	Title	VP
Name	SIERRA, KARENT DR	Name	RODRIGUEZ, MARYBEL
Address	4651 PONCE DE LEON SUITE 100	Address	125 SW 130 AVE
City-State-Zip:	CORAL GABLES FL 33146	City-State-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

**PRESIDENT**

**02/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date