

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000962

Entity Name: A BOOK AND A SMILE, INC.**Current Principal Place of Business:**4750 SUNSET DRIVE
MIAMI, FL 33143**Current Mailing Address:**4750 SUNSET DRIVE
MIAMI, FL 33143 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDEZ, LEONARDO P ESQ.
4750 SUNSET DRIVE
MIAMI, FL 33143 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 | PD |
| Name | MACHADO, TERESITA B |
| Address | 4750 SUNSET DRIVE |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|-------------------|
| Title | VD |
| Name | MACHADO, SOPHIA T |
| Address | 4750 SUNSET DRIVE |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | MACHADO, UMBERTO B |
| Address | 4750 SUNSET DRIVE |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|------------------------|
| Title | D |
| Name | MACHADO, MAXIMILLIAN K |
| Address | 4750 SUNSET DRIVE |
| City-State-Zip: | MIAMI FL 33143 |

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: TERESITA B MACHADO

PD

05/01/2023

Electronic Signature of Signing Officer/Director Detail_____
Date