

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132176

Entity Name: SHINY SMILE DENTAL CARE, CORP.

Current Principal Place of Business:

4392 SW 126TH AVE
MIRAMAR, FL 33027

Current Mailing Address:

4392 SW 126TH AVE
MIRAMAR, FL 33027

FEI Number: 81-0587326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FANDINO, MAYRA DDS
4392 SW 126TH AVE
MIAMI, FL 33027 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	Title	VD
Name	FANDINO, MAYRA DDS	Name	ALBERICH, JULIO ANTONIO
Address	4392 SW 126TH AVE	Address	4392 SW 126TH AVE
City-State-Zip:	MIRAMAR FL 33027	City-State-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

PRESIDENT

01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date