

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117183

Entity Name: MONA LIZA SMILES, INC.

Current Principal Place of Business:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

Current Mailing Address:

17501 BISCAYNE BLVD.
SUITE 570
AVENTURA, FL 33160

FEI Number: 56-2411657

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name FELICIANO-HALL, LIZA MDMD
Address 17501 BISCAYNE BLVD STE 570
City-State-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 M. FELICIANO-HALL

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date