

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129550

**Entity Name:** ALLURE SMILE CENTER INC.

**Current Principal Place of Business:**

7725 N.W. 146 ST  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7725 N.W. 146 ST.  
MIAMI LAKES, FL 33016 US

**FEI Number:** 37-1558081

**Certificate of Status Desired:** Yes

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

COZAD, ANA  
1250 MESSINA AVE  
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	DR.	Title	VP
Name	ANA MADERAL-COZAD	Name	COZAD, TAYLOR
Address	7725 N.W. 146 ST.	Address	7725 N.W. 146 ST
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

*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:** ANA MADERAL C OZAD

**PRESIDENT**

**01/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date