

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000018983

Entity Name: SMILE DENTAL STUDIO, INC.

Current Principal Place of Business:

568 HIALEAH DRIVE
HIALEAH, FL 33010

Current Mailing Address:

7537 ADVENTURE AVE
NORTH BAY VILLAGE, FL 33141 US

FEI Number: 82-4593524

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAZA, ANIEL O
568 HIALEAH DRIVE
HIALEAH, FL 33010 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: ANIEL MAZA

02/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAZA, ANIEL O
Address 568 HIALEAH DRIVE
City-State-Zip: HIALEAH FL 33010

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: ANIEL O MAZA

OWNER

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date