

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000092015

**Entity Name:** SMILEY SPEECH THERAPY INC

**Current Principal Place of Business:**

948 NE 37TH AVE  
HOMESTEAD, FL 33033

**Current Mailing Address:**

948 NE 37TH AVE  
HOMESTEAD, FL 33033

**FEI Number: 83-2474503**

**Certificate of Status Desired: No**

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

VALDES, ZULEYVI  
948 NE 37TH AVE  
HOMESTEAD, FL 33033 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	P/S	Title	VP/T
Name	VALDES, ZULEYVI	Name	PERAZA GOICOLEA, JOSE A
Address	948 NE 37TH AVE	Address	948 NE 37TH AVE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

*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: ZULEYVI VALDES**

**PRESIDENT**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date