

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000031758

**Entity Name:** SMART DENTAL SOLUTIONS INC

**Current Principal Place of Business:**

3480 NW 85TH CT #303  
DORAL, FL 33122

**Current Mailing Address:**

3480 NW 85TH CT #303  
DORAL, FL 33122 US

**FEI Number: 83-4266188**

**Certificate of Status Desired: No**

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

FABIOLA L MONASTERIOS P  
3480 NW 85TH CT #303  
DORAL, FL 33122 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 DP  
Name FABIOLA L MONASTERIOS P  
Address 3480 NW 85TH CT #303  
City-State-Zip: DORAL FL 33122

Title D  
Name FERNANDO R FUENTES RODRIGUEZ  
Address 3480 NW 85TH CT #303  
City-State-Zip: DORAL FL 33122

*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: FABIOLA L MONASTERIOS P**

**PRESIDENT**

**06/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date