

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90180 044 ***150.00

0205107 AV

DOCUMENT # G96868

1. Entity Name
SMILE DECORATIONS, INC.



Principal Place of Business
**4630 NW 102 AVENUE #107
P.O. BOX 52-4204
MIAMI FL 33178**

Mailing Address
**4630 NW 102 AVENUE #107
P.O. BOX 52-4204
MIAMI FL 33178**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address--
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2424023**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEN, JIA JEN
4630 NW 102 AVE
SUITE 107
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHEN, JIA JEN 4630 NW 102 AVE #107 MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HSIAO, LI L 4630 NW 102 AVE., #107 MIAMI FL | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHEN, JIA JEN** 02/20/03 (305) 477-0033
Date Daytime Phone #

CR2E034 (10/02)