

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028628

Entity Name: SMILE USA, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

20547 OLD CUTLER RD
SUITE 307
MIAMI, FL 33189

Current Mailing Address:

20547 OLD CUTLER RD
SUITE 307
MIAMI, FL 33189

New Principal Place of Business:

20547 OLD CUTLER RD
SUITE 307
MIAMI, FL 33189 US

New Mailing Address:

20547 OLD CUTLER RD
SUITE 307
MIAMI, FL 33189 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARITA, SALGADO
20547 OLD CUTLER RD
SUITE 307
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLAS, DANIEL
Address: 20547 OLD CUTLER RD SUITE 337
City-St-Zip: MIAMI, FL 33189

Title: MGRM () Delete
Name: NICHOLAS, ROUSSAKIS
Address: 20547 OLD CUTLER RD SUITE 307
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICHOLAS, DANIEL
Address: 20547 OLD CUTLER RD SUITE 337
City-St-Zip: MIAMI, FL 33189 US

Title: MGRM (X) Change () Addition
Name: NICHOLAS, ROUSSAKIS
Address: 20547 OLD CUTLER RD SUITE 307
City-St-Zip: MIAMI, FL 33189 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS DANIEL

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date