

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010130

Entity Name: I SMILE INC.

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

4560 SW 68 CIR - # 4
MIAMI, FL 33155

New Principal Place of Business:

300 N. ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166

Current Mailing Address:

4560 SW 68 CIR - # 4
MIAMI, FL 33155

New Mailing Address:

300 N. ROYAL POINCIANA BLVD.
MIAMI SPRINGS, FL 33166

FEI Number: 03-0583377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNT, JULIANA M
4560 SW 68 CIR - # 4
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

SCHAFER, JULIANA M
4560 SW 68 CIR - # 4
MIAMI, FL 33155 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: JULIANA M. SCHAFER

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCAMPO, ANDRES
Address: 4250 SW 67 AVENUE #29
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: PAULSON-JARAVA, KRISTIN
Address: 50 SW 10TH STREET #504
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: FERNANDEZ, IVETTE
Address: 10365 NW 46 ST
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: WILLS, SUSAN
Address: 6730 SW 63 AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES OCAMPO

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date