2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005489

Entity Name: JUNTOS REGALANDO SONRISAS, INC.

Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20201 E. COUNTRY CLUB DRIVE #2108 20533 BISCAYNE BLVD AVENTURA, FL 33180

SUITE 326

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

20201 E. COUNTRY CLUB DRIVE #2108 20533 BISCAYNE BLVD AVENTURA, FL 33180 SUITE 326 AVENTURA, FL 33180

FEI Number: 26-2808244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ESKO, RYAN J 20201 E. COUNTRY CLUB DRIVE #2108 AVENTURA, FL 33180

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

ESKO, RYAN J Name: Name:

20201 E. COUNTRY CLUB DRIVE #2108 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

Title: STD () Delete Title: (X) Change () Addition

Name: PORTER, MICHAEL Name: PORTER, MICHAEL

Address: 20201 E. COUNTRY CLUB DRIVE #2108 Address: 3332 NE 190TH STREET. UP 10

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: () Delete Title: (X) Change () Addition

GESSNER, DOUGLAS C GESSNER, DOUGLAS C Name: Name: 20201 E. COUNTRY CLUB DRIVE #2108 200 EAST RANDOLF DRIVE Address: Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: CHICAGO, IL 60601

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: MICHAEL PORTER **CFO** 04/25/2009