

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2009
Secretary of State**

DOCUMENT# N08000009483

Entity Name: DELIVERING A SMILE CORP.

Current Principal Place of Business:

6340 SW 21 ST
MIRAMAR, FL 33023

New Principal Place of Business:

6340 SW 21 ST
MIRAMAR, FL 33023 28

Current Mailing Address:

6340 SW 21 ST
MIRAMAR, FL 33023

New Mailing Address:

6340 SW 21 ST
MIRAMAR, FL 33023 28

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

Name and Address of Current Registered Agent:

GUADALUPE, ANTONIO
6340 SW 21 ST
MIRAMAR, FL 33023 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUADALUPE, ANTONIO
Address: 6340 SW 21 ST
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP () Delete
Name: GUADALUPE, ANITA
Address: 6340 SW 21 ST
City-St-Zip: MIRAMAR, FL 33023

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: FONSECA, ROSANA
Address: 7400 FARRAGUT ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: BA () Change (X) Addition
Name: ROSA, FONSECA
Address: 7400 FARRAGUT ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: EO () Change (X) Addition
Name: ANN, GUADALUPE I
Address: 6340 SW 21 ST
City-St-Zip: MIRAMAR, FL 33023

Title: TR () Change (X) Addition
Name: ABNER, GUADALUPE
Address: 6340 SW 21 ST
City-St-Zip: MIRAMAR, FL 33023

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: ANTONIO GUADALUPE

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date