2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# N09000005405

Entity Name: 12 SMILES, INC.

Current Principal Place of Business:

1450 BRICKELL AVE
1420
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1450 BRICKELL AVE
1420
MIAMI, FL 33131

New Mailing Address:

FEI Number: 80-0421524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OJEDA, DIEGO
1450 BRICKELL AVE
1420
MIAMI, FL 33131 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
Name: OJEDA, DIEGO
Address: 951 BRICKELL AVENUE #3506
City-St-Zip: MIAMI, FL 33131

Title: S
Name: DEL CORRAL, CARLOS ANDRES
Address: 300 S. BISCAYNE BLVD, #1716
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: ALPERT, RACHEL
Address: 3520 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: GAYA, MARIA TERESA
Address: 1111 CRANDON BLVD #A604
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP
Name: PEREIRA, MARIA NATALIA
Address: 422 RIDGEWOOD RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP
Name: KRUGER, SYLVIA
Address: 332 LOS PINOS PLACE
City-St-Zip: CORAL GABLES, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: D.OJEDA P 01/09/2012

Electronic Signature of Signing Officer or Director — Date