## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000024500

MIAMI, FL 33165

City-St-Zip:

Entity Name: SMILE GOD LOVES U SENIOR CARE CENTER, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1732 SW <sup>-</sup> MIAMI, FL	104 PLACE 33165			
Current Mailing Address:			New Mailing Address	5:
1732 SW <sup>-</sup> MIAMI, FL	104 PLACE 33165			
FEI Number	: 65-1006703	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:	
MIAMI, FL The above	104 PLACE 33165 US	submits this statement for the լ	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU				
Electronic Signature of Registered Ager			ent	 Date
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( LORENZO, FE 1732 SW 104 MIAMI, FL 33	PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	VD ( LORENZO, RU 1732 SW 104		Title: Name: Address:	() Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELINA LORENZO PD 03/17/2009