

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058913

FILED
Jan 06, 2010
Secretary of State

Entity Name: SMILEY KIDZ DENTAL CARE PA

Current Principal Place of Business:

1749 NE 26 ST
SUITE B
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1749 NE 26 ST
SUITE B
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 65-1021909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMASAN, OANA
3400 GALT OCEAN DR., APT.607S
FORT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ROMASAN, OANA
Address: 3400 GALT OCEAN DR, 607S
City-St-Zip: FORT LAUDERDALE, FL 33308

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

SIGNATURE: OANA ROMASAN

DR

01/06/2010

Electronic Signature of Signing Officer or Director

Date