2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90558 004 ***150.00

DOCUMENT # P01000080538

1. Entity Name SMILE GARDEN, INC

DO NOT WRITE IN THIS SPACE

94065147

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2. Principal Place of Business	3. Mailing Address
8013 N.W. 163RD TERRACE	8013 N.W. 163RD TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI - FL	City & State MIAMI - FL
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 65-1130174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TENDERO, ALYNE

Street Address (P.O. Box Number is Not Acceptable) 8013 N.W. 163RD TERRACE

City MIAMI FL Zip Code 33016

8. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	TENDERO, ALYNE	NAME	
STREET ADDRESS	8013 N.W. 163RD TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33016	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	NICIEZA, FAUSTO	NAME	
STREET ADDRESS	14601 S.W. 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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; that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Tendero 4/22/04 954-962-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #