2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 Al Secretary of State

DOCUMENT # P02000007947 Lettly Name DESIGN A SMILE, INC. Principal Place of Business Mailing Address 6437 BIRD ROAD 6437 BIRD ROAD MIAMI, FL 33155 DO NOT WRITE IN THIS SPACE 10282005 No Chg.P CR2E034 (10/03) 4. FEI Number 90-0003183 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165 DO NOT WRITE IN THIS SPACE 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. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and let if applicable. POLE Registered Agent agents when remataring DATE FILE NOWILL FEE 19 \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campalgn Financing Trust Fund Contribution. S5.00 May Be Added to Fees		ANNUAL	REPURI		_		Secretary of
DO NOT WRITE IN THIS SPACE A Fill Number Solution Solution	1. Entity Nami	e	947				Secretary of
DO NOT WRITE IN THIS SPACE Constitute of Status Desired Applied Formation	Principal Place	e of Business	Mailing Address		1		
DO NOT WRITE IN THIS SPACE 1. Fill Number 90 CR26034 (10/03) 1. For Statute Desired 90 Current Registered Agent 1. Certificate of Statute Desired 98 Final Internation 10 Fina							
DO NOT WRITE IN THIS SPACE 4. FEI Number S0-0003183 5. Certificate of Status Desired For Post Registered Agent FROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165 6. The above named entity subtrinks tritle statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objections of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with, and accept the objection of registered agent, or both, in the Statu of Florida. I am familiar with the status of Florida Status of Florida Status. 10. OFFICERS AND DIRECTORS 10. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 10.12 Interest years agent agen	im umi i L O		Water C 30700			ita ilidir aldır callır cut	II CORR COLIN CORR CORR CORR CORRANT
E. Name and Address of Current Registered Agent ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plotida. I am familiar with, and accept the ecologistics of registered agent. SignAntURE Sign	D	O NOT WRITE	IN THIS SPA	ACE	01282005 4. FEI Number 90-0003	No Chg-P	CR2E034 (10/03) Applied For Not Applicable
ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE					5. Certificate of	Status Desired	
IN THIS SPACE 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 Poride. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature Septiment of registered agent. SIGNATURE: Signature Septiment of registered agent. SIGNATURE: Signature Aport Registered Aport Repeated Aport Repeated Aport Registered Aport Repeated agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Poride. I am familiar with, and accept the state of Poride Statutes, and that my name appears in Block 10 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 10 or Block 10 or Block 11 or Block 10 or Block 10 or Block 11 or Block 10 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 11 or Block 10 or Block 11 or Block 11 or Block 11 or Block 10 or Block 11		6. Name and Address of Current R	egistered Agent	-			
the obligations of registered agent. SIGNATURE Signature, typed or private name of inginitered agent and title if assistable. ADTE Registered Agent agentate required when mentating) OATE	10340 SW	38TH TERRACE					
ITILE NAME STREET ADDRESS CITY-ST-JP TITLE NAME	SIGNATURE_ FIL After Ma	Signature, typed or printed name of registered agent and Review Review FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution	inancing \$	5.00 May Be		DATE
NAME ROMAY, RICARDO SINER ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.	, 	IRECTORS				
ROMAY, RICARDO STREE ADDRESS CITY-ST-ZIP MIAMI, FL 33165 ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHLE NAME STREET ADDRESS CITY-ST-ZIP IT	name Street address	ROMAY, RICARDO 10340 SW 38TH TERRACE				<u>. Ugoog</u> a	330536
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like ampewaged.	name Street adoress	ROMAY, RICARDO 10340 SW 38TH TERRACE				U47 d57U5-	80163-019 15 0.00
DO NOT WRITE INTE INTE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP T			- · · · · · · · · · · · · · · · · · · ·	1			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1. 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; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS			_			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1. 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; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like ampewered.				-	IN T	HIS SF	PACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like ampewered.	STREET ADDRESS			1			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 cettify that I am an officer or direction 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.							
NAME STREET ADDRESS CITY - S1 - ZIP 12. 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 ceth; that I am an officer or direction 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS						
STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.							
	STREET ADDRESS CITY-ST-ZIP						
	12. I hereby indicated of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empor	this filing does not qualify for the true and accurate and that my sig wered to execute this report as re	exemption stated in t gnature shall have the equired by Chapter 6	Section 119.07(3)(i), e same legal effect a 07, Florida Statutes;	Florida Statutes. as if made under and that my nam	I further certify that the information oath; that I am an officer or director e appears in Block 10 or Block 11 i
	changed	, or on an attachment with an address, w	in all other like empewered.				