

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 049 ***150.00

DOCUMENT # P02000007947						
1. Entity Name DESIGN A SMILE, INC.						
Principal Place of Business 6437 BIRD ROAD MIAMI, FL 33155			Mailing Address 6437 BIRD ROAD MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 90-0003183		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165 <i>9341 SW 78 COURT Miami FL 33156-2720</i>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 SW 78 CT Miami FL 33156-2720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROMAY, RICARDO 10340 SW 38TH TERRACE MIAMI, FL 33165		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 SW 78 CT Miami FL 33156-2720	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____			2/25/08 305-661-8887			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			