



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000132176		
1. Entity Name SHINY SMILE DENTAL CARE, CORP.		
Principal Place of Business 4392 SW 126TH AVE MIRAMAR, FL 33027		Mailing Address 4392 SW 126TH AVE MIRAMAR, FL 33027
		
01152008 No Chg-P CR2E034 (11/05)		
4. FEI Number 81-0587326		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FANDINO, MAYRA DDS 4392 SW 126TH AVE MIAMI, FL 33027		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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
000000788472 01/18/08-80043-021 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANDINO, MAYRA DDS 4392 SW 126TH AVE MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERICH, JULIO ANTONIO 4392 SW 126TH AVE MIRAMAR, FL 33027	
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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: <u>Fandino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		