

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079425

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: SMILE DESIGN CONSULTING, INC.

## Current Principal Place of Business:

422 BIANCA AVE  
CORAL GABLES, FL 33146

## New Principal Place of Business:

1505 FOUNTAIN GLEN CT  
PEACHTREE CITY, GA 30269

## Current Mailing Address:

422 BIANCA AVE  
CORAL GABLES, FL 33146

## New Mailing Address:

1505 FOUNTAIN GLEN CT  
PEACHTREE CITY, GA 30269

FEI Number: 36-4566677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CURBELO, GRACEMARY  
1575 SW 20 AVE  
MIAMI, FL 33145 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: P ( ) Delete  
Name: IBARRA, LUZ M  
Address: 422 BIANCA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VS ( ) Delete  
Name: IBARRA, OSCAR  
Address: 422 BIANCA AVE  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IBARRA, LUZ M  
Address: 1505 FOUNTAIN GLEN CT  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VS (X) Change ( ) Addition  
Name: IBARRA, OSCAR  
Address: 1505 FOUNTAIN GLEN CT  
City-St-Zip: PEACHTREE CITY, GA 30269

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUZ M IBARRA

P

03/03/2005

Electronic Signature of Signing Officer or Director

Date