

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150126

FILED
Feb 04, 2009
Secretary of State

Entity Name: EXPERT SMILES CENTER, INC.

Current Principal Place of Business:

2750 W. 68TH STREET
#108
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

C/O ELIZABETH DE AGUIRRE
2750 W. 68TH STREET, SUITE 108
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 56-2487896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE AGUIRRE, ELIZABETH
2750 W. 68TH STREET, SUITE 108
HIALEAH, FL 33016 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: PD () Delete
Name: DE AGUIRRE, ELIZABETH
Address: 2750 W. 68TH STREET, SUITE 108
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P&D (X) Change () Addition
Name: DE AGUIRRE, ELIZABETH
Address: 2750 W. 68TH STREET, SUITE 108
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH DE AGUIRRE

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date