

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006395

Entity Name: SMILES CONSULTING, INC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

4034 INVERRARY DRIVE  
LAUDERHILL, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

4034 INVERRARY DRIVE  
LAUDERHILL, FL 33319

## New Mailing Address:

P.O. BOX 450642  
SUNRISE, FL 33351

FEI Number: 56-2633880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMETSON, SHAKIRA K MS  
8601 NW 34TH PLACE  
UNIT 101A  
SUNRISE, FL 33351 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: VP ( ) Delete  
Name: BONITTO, LAURA E MRS  
Address: 13361 NW 13 STREET  
City-St-Zip: SUNRISE, FL 33323 US

Title: P ( ) Delete  
Name: BRADSHAW, SHARON A MS  
Address: 4034 INVERRARY DRIVE  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: VP ( ) Delete  
Name: BRAINEY, MAXINE E MS  
Address: 1931 SW 70TH WAY  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP ( ) Delete  
Name: CLEMETSON, SHAKIRA K MS  
Address: 8601 NW 34TH PLACE  
City-St-Zip: SUNRISE, FL 33351 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAKIRA CLEMETSON

VP

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date