

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114848

FILED
May 07, 2009
Secretary of State

Entity Name: SMOOTH FINISH DENT REPAIR, INC.

Current Principal Place of Business:

600 S ENTRADA WAY
204
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

903 LAKE SHORE DR.
305
LAKE PARK, FL 33403

Current Mailing Address:

600 S ENTRADA WAY
204
PALM BEACH GARDENS, FL 33410

New Mailing Address:

903 LAKE SHORE DR.
305
LAKE PARK, FL 33403

FEI Number: 26-1280859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, CALEB D
600 S ENTRADA WAY
204
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JIMENEZ, CALEB D
903 LAKE SHORE DR.
305
LAKE PARK, FL 33403 US

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:

05/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JIMENEZ, CALEB D
Address: 600 S ENTRADA WAY APT 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JIMENEZ, CALEB D
Address: 903 LAKE SHORE DR. APT. 305
City-St-Zip: LAKE PARK, FL 33403

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: CALEB JIMENEZ

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date