

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000022980

Entity Name: MAGIC SMILES INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14226 SW 167 TR.  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

14226 SW 167 TR.  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 27-2117330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OROZCO, ANA  
14226 SW 167 TR.  
MIAMI, FL 33177 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OROZCO, ANA  
Address: 14226 SW 167 TR.  
City-St-Zip: MIAMI, FL 33177

Title: VD  
Name: LEAL, HERIBERTO  
Address: 14226 SW 167 TR.  
City-St-Zip: MIAMI, FL 33177

I hereby 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 all other like empowered.

SIGNATURE: ANA OROZCO

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date