

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000006633

Entity Name: SMILES BY DESIGN, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4450 WESTON ROAD  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4450 WESTON ROAD  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 65-0825571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA, JOHN M  
16460 N.E. 35TH AVE.  
NORTH MIAMI BEACH, FL 33160 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: DP  
Name: GARCIA, JOHN M  
Address: 16460 N.E. 35TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DST  
Name: GARCIA, FRANCISCA  
Address: 16460 N.E. 35TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: JOHN M GARCIA

PRES

04/11/2012

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

\_\_\_\_\_  
Date