

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000018827

Entity Name: SMILECRAFTERS, P.A.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1100 US HWY 27 SOUTH  
SUITE D  
CLERMONT, FL 34714

**New Principal Place of Business:**

**Current Mailing Address:**

1100 US HWY 27 SOUTH  
SUITE D  
CLERMONT, FL 34714

**New Mailing Address:**

FEI Number: 65-0822661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, ANIBAL V  
1100 US HWY 27 SOUTH  
SUITE D  
CLERMONT, FL 34714 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  
Name: TORRES, ANIBAL V  
Address: PO BOX 136461  
City-St-Zip: CLERMONT, FL 34713

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: ANIBAL V. TORRES

PD

04/12/2010

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

\_\_\_\_\_  
Date