

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010130

**Entity Name:** I SMILE INC.

**Current Principal Place of Business:**

150 HIBISCUS DRIVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

150 HIBISCUS DRIVE  
MIAMI SPRINGS, FL 33166

**FEI Number:** 03-0583377

**Certificate of Status Desired:** No

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

SCHAFFER, JULIANA M  
6141 SW 63RD. AVENUE  
MIAMI, FL 33143 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OCAMPO, ANDRES  
Address 4250 SW 67 AVENUE #29  
City-State-Zip: MIAMI FL 33155

Title VP  
Name PAULSON-JARAVA, KRISTIN  
Address 2203 SW 134 AVENUE  
City-State-Zip: MIRAMAR FL 33027

Title S  
Name FERNANDEZ, IVETTE  
Address 170 OCEAN LANE #802  
City-State-Zip: KEY BISCAYNE FL 33149

Title T  
Name WILLS, SUSAN  
Address 1265 ANDALUCIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDRES OCAMPO

**PRESIDENT**

**02/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date