

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004087

**Entity Name:** GIVE A HAND RECEIVE A SMILE INC.

**Current Principal Place of Business:**

2099 NW 26TH AVE  
2B  
FORT LAUDERDALE , FL 33311

**Current Mailing Address:**

2099 NW 26TH AVE  
2B  
FORT LAUDERDALE , FL 33311 US

**FEI Number:** 45-3673249

**Certificate of Status Desired:** No

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

THOMAS, LAKEISHA MMS  
2099 NW 26TH AVE  
2B  
FORT LAUDERDALE , FL 33311 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            PRESIDENT  
Name            THOMAS, LAKEISHA M  
Address        2099 NW 26TH AVE  
                  2B  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            SEC  
Name            WATSON, OWEN PJUNIOR  
Address        12720 BRAMFEILD DR  
City-State-Zip: RIVERVIEW FL 33579

*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:** LAKEISHA THOMAS

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date