

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21588

**FILED
Apr 28, 2014
Secretary of State
CC7187919676**

Entity Name: SMILEY THE CLOWN, INCORPORATED

Current Principal Place of Business:

C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176

Current Mailing Address:

C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 US

FEI Number: 65-0143663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 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 DP
Name WILLIAMS, MATTIE J
Address 15004 SW 113TH CT
City-State-Zip: MIAMI FL 33176

Title D
Name SIMMONS, DELORIS
Address 288 HORRY AVENUE
City-State-Zip: MADISON FL 32340

Title D
Name THOMAS, GENITHA
Address 3357 FRANKLIN AVE
City-State-Zip: COCONUT GROVE FL

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: MATTIE J. WILLIAMS

DP

04/28/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date