

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145307

**Entity Name:** SMILE DENTAL DESIGN , INC

**Current Principal Place of Business:**

114 SW 10TH STREET  
SUITE A  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

114 SW 10TH STREET  
SUITE A  
FORT LAUDERDALE, FL 33315

**FEI Number:** 41-2220291

**Certificate of Status Desired:** No

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

GIRALDO, ANDREA  
114 SW 10TH ST  
SUITE A  
FORT LAUDERDALE, FL 33315 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           DIRECTOR  
Name           GIRALDO, ANDREA  
Address        114 SW 10TH STREET, SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33315

Title           PRESIDENT  
Name           URIBE, SANTIAGO  
Address        114 SW 10TH STREET  
                  SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** SANTIAGO URIBE

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date