

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000048859

Entity Name: DOLPHIN SMILE INC.**Current Principal Place of Business:**6519 CENTRAL AVE
ST PETERSBURG, FL 33710**Current Mailing Address:**6519 CENTRAL AVE
ST PETERSBURG, FL 33710 US**FEI Number:** 99-0377505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, WILLIAM I JR.
6519 CENTRAL AVE
ST PETERSBURG, FL 33710 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:** WILLIAM I WILLIAMS JR

01/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DE MUSSO, ROBERTO
Address VIA GUBBIO 30
City-State-Zip: ARDEA (RM) 00040

Title P
Name DE MUSSO, ROBERTO
Address VIA GUBBIO 30
City-State-Zip: ARDEA (RM) 00040

Title VP
Name LAURETI, MARINA
Address VIA GUBBIO 30
City-State-Zip: ARDEA (RM) 00040

Title S
Name DE MUSSO, ROBERTO
Address VIA GUBBIO 30
City-State-Zip: ARDEA (RM) 00040

Title T
Name DE MUSSO, ROBERTO
Address VIA GUBBIO 30
City-State-Zip: ARDEA (RM) 00040

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: ROBERTO DE MUSSO

PRESIDENT

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date