

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000024816

**Entity Name:** SMART-SCIENCES, INC.

**Current Principal Place of Business:**

330 SW 27 AVE STE 504  
MIAMI, FL 33135

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC4259191791**

**Current Mailing Address:**

330 SW 27 AVE STE 504  
MIAMI, FL 33135 US

**FEI Number: 46-2397336**

**Certificate of Status Desired: Yes**

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

COLBERT, GISELE L  
330 SW 27 AVE STE 504  
MIAMI, FL 33135 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 COLBERT, GISELE L  
Address 330 SW 27TH AVENUE  
504  
City-State-Zip: MIAMI FL 33135

Title VP  
Name COLBERT, GISELE L  
Address 330 SW 27TH AVENUE  
504  
City-State-Zip: MIAMI FL 33135

Title S  
Name COLBERT, GISELE L  
Address 330 SW 27TH AVENUE  
504  
City-State-Zip: MIAMI FL 33135

Title T  
Name COLBERT, GISELE L  
Address 330 SW 27TH AVENUE  
504  
City-State-Zip: MIAMI FL 33135

Title V  
Name DOKKEN, CURTIS P.E.  
Address 330 SW 27 AVE STE 504  
City-State-Zip: MIAMI FL 33135

*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: GISELE COLBERT**

**PRESIDENT**

**02/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date