## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000048886

Entity Name: TRUE ORIGINAL SMILES INC.

**Current Principal Place of Business:** 

5863 N. UNIVERSITY DRIVE TAMARAC, FL 33321

**Current Mailing Address:** 

5863 N. UNIVERSITY DRIVE TAMARAC, FL 33321 US

FEI Number: 46-2896556 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALSTON, KHADINE 5863 N. UNIVERSITY DRIVE TAMARAC, FL 33321 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

FILED Apr 28, 2016

**Secretary of State** 

CC6998458182

## Officer/Director Detail:

Title I

Name ALSTON, KHADINE

Address 5863 N. UNIVERSITY DRIVE

City-State-Zip: TAMARAC FL 33321

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: KHADINE ALSTON