

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027579

**Entity Name:** SMILEY'S FROZEN, INC.

**Current Principal Place of Business:**

3501 NORTH PONCE DE LEON BLVD  
SUITE G  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

3501 NORTH PONCE DE LEON BLVD  
SUITE K  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 46-5232415

**Certificate of Status Desired:** No

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

HALL & EDWARDS, PA  
3791 A1A SOUTH  
SUITE B  
SAINT AUGUSTINE, FL 32080 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                  | Title           | VP                 |
| Name            | PATEL, PANKAJ      | Name            | PATEL, SAPNA       |
| Address         | 101 PLUMTON CT     | Address         | 101 PLUMTON CT     |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

*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:** PANKAJ PATEL

P

03/11/2016

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

\_\_\_\_\_  
Date