2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90713 023 ***158.75

DOCUMENT # K79410

1. Entity Name
HAPPY HORSE EQUINE SERVICES, INC.

Principal Place of Business	Mailing Address
7370 N.W. 36TH STREET., SUITE 319-G MIAMI, FL 33166 US	7370 N.W. 36 STREET 319 G MIAMI, FL 33166 US

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2550 N.W. 72 AVE.	2550 N.W. 72 AVE.
Suite, Apt. #, etc.: STE. 211	Suite, Apt. #, etc.: STE. 211
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI Number: 65-0111289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELAMAZA, RENEE HAPPY HORSE EQUINE SERVICES INC. 7370 N.W. 36TH ST., STE 319-G MIAMI, FL 33166	Name: RENEE DELAMAZA Street Address (P.O. Box Number is Not Acceptable): 2550 N.W. 72 AVE STE 211 City: MIAMI, FLORIDA FL Zip Code: 33122

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACOSTA, MARIA E 7370 N.W. 36TH STREET., SUITE 319-G MIAMI, FL 33166	☐ Delete	PD MARIA ACOSTA, 2550 N.W. 72 AVE. # 211 MIAMI, FLORIDA 33122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELAMAZA, RENEE 7370 N.W. 36TH STREET., SUITE 319-G MIAMI, FL 33166	☐ Delete	S RENEE DELAMAZA 2550 N.W. 72 AVE. # 211 MIAMI, FLORIDA 33122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #