

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 045 ***158.75

DOCUMENT # K79410 1. Entity Name HAPPY HORSE EQUINE SERVICES, INC.					
Principal Place of Business 2550 NW 72 AVE., STE 211 MIAMI, FL 33122 US			Mailing Address 2550 NW 72 AVE., STE 211 319 G MIAMI, FL 33122 US		
2. Principal Place of Business - No P.O. Box # HAPPY HORSE EQUINE SERVICES - Suite, Apt. #, etc. 16825 S.W. 256 STREET		3. Mailing Address HAPPY HORSE EQUINE SERVICES Suite, Apt. #, etc. P.O. BOX 924880			
City & State HOMESTEAD, FLORIDA		City & State HOMESTEAD, FLORIDA		4. FEI Number 65-0111289	
Zip 33031		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELAHAZA, RENEE 2550 NW 72 AVE., STE 211 MIAMI, FL 33122				7. Name and Address of New Registered Agent Name RENEE DELAMAZA Street Address (P.O. Box Number is Not Acceptable) 16825 S.W. 256 STREET City HOMESTEAD, FLORIDA FL Zip Code 33031	
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: <u><i>RENEE DELAMAZA</i></u> <u><i>4/23/08</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 2550 NW 72 AVE., STE 211 MIAMI, FL 33122	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELAHAZA, RENEE 2550 NW 72 AVE., STE 211 MIAMI, FL 33122	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, MARIA E 16825 S.W. 256 STREET HOMESTEAD, FL 33031	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELAHAZA, RENEE 16825 S.W. 256 STREET HOMESTEAD, FLORIDA 33031	☒ Change ☐ Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.					
SIGNATURE: <u><i>RENEE DELAMAZA</i></u> <u><i>4/23/08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					