

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90020 007 \*\*\*150.00

**DOCUMENT # P02000096479**

1. Entity Name  
**HAPPY FAMILY ALF, INC.**



Principal Place of Business: **3634 SW 156TH CT MIAMI, FL 33185**

Mailing Address: **3634 SW 156TH CT MIAMI, FL 33185**

2. Principal Place of Business: **3634 SW 156 CT**

3. Mailing Address: **3634 SW 156 CT**

Suite, Apt. #, etc.: **MIAMI FL**

City & State: **MIAMI FL**

City & State: **MIAMI FL**

Zip: **33185** Country: **USA**

Zip: **33185** Country: **USA**



02232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**GUTIERREZ, ALINA**  
**3634 SW 156TH CT**  
**MIAMI, FL 33185**

7. Name and Address of New Registered Agent

Name: **MARIA VICTORIA RITA P. AMOYO**

Street Address (P.O. Box Number is Not Acceptable): **13505 SW 122 AVENUE**

City: **MIAMI** Zip Code: **33186**

State: **FL**

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: ~~MARIA VICTORIA RITA P. AMOYO~~ *[Signature]* **02/23/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>AMOYO, MARIA VICTORIA R</b>
STREET ADDRESS	<b>13505 S.W. 122 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b> <i>PRESIDENT</i>
TITLE	<input type="checkbox"/> Delete
NAME	<b>AMOYO, RAMONCITO D</b>
STREET ADDRESS	<b>13505 S.W. 122 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b> <i>SECRETARY</i>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>KAPLAN, DAPHNE F</b>
STREET ADDRESS	<b>4924 S.W. 165 AVE.</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>KAPLAN, DAVID</b>
STREET ADDRESS	<del><b>4924 S.W. 165 AVE.</b></del>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BELTRAN, MARTA R E</b> <i>VICE PRESIDENT /</i>
STREET ADDRESS	<b>9340 S.W. 164 ST.</b> <i>TREASURER</i>
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **MARIA VICTORIA RITA P. AMOYO** *[Signature]* **02/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

*786-208-2546*