

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052174

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: HAPPY HOLIDAYS FOOD & BEVERAGES, INC.

**Current Principal Place of Business:**

8160 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8160 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-4803438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOMPOINT, BEATRIZ A  
8160 CORAL WAY  
MIAMI, FL 33155 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOMPOINT, BEATRIZ A  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: DOCAMPO, JOSE A  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: SAEED, MUHAMMED  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: MOMPOINT, BEATRIZ I  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: MOMPOINT, MAURICE M  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KEREN, RIGGENBACH  
Address: 1600 W. 49 STREET  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEATRIZ APAZA-MOMPOINT

PD

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date