2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000037539

Entity Name: HAPPY FACE ENTERTAINMENT, INC.

Current Principal Place of Business:

2875 NE 191 ST STREET
502
AVENTURA, FL 33180

New Principal Place of Business:

3535 S. OCEAN DR
1506
HOLLYWOOD, FL 33019

Current Mailing Address:

2875 NE 191 ST STREET
502
AVENTURA, FL 33180

New Mailing Address:

3535 S. OCEAN DR
1506
HOLLYWOOD, FL 33019

FEI Number: 65-0728776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET
#300
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: FADEL, FREDDY
Address: 17555 COLLINS AV SUITE 1507
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete
Name: FADEL, ANTONIO
Address: 17555 COLLINS AV SUITE 1507
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete
Name: FADEL, SALOMON
Address: 17555 COLLINS AV SUITE 1507
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete
Name: FADEL, HABIB
Address: 17555 COLLINS AV SUITE 1507
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FADEL, ANTONIO
Address: 3535 S. OCEAN DR # 1506
City-St-Zip: HOLLYWOOD, FL 33019

Title: D (X) Change ( ) Addition
Name: FADEL, SALOMON
Address: 3535 S. OCEAN DR # 1506
City-St-Zip: HOLLYWOOD, FL 33019

Title: D (X) Change ( ) Addition
Name: FADEL, HABIB
Address: 3535 S. OCEAN DR # 1506
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify 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: FREDDY FADEL DIR 03/24/2009

Electronic Signature of Signing Officer or Director — Date