2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # F44135 1. Entity Name HAPPY DAY TODAY OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2640 NE 23 STREET POMPANO BEACH FL 33062 2640 NE 23 STREET POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For 4. FEI Number City & State City & State 59-2128984 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2640 NE 23 STREET POMPANO BEACH FL 33062 Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition 🔲 ☐ Delete TITLE TITLE BRADY, RICHARD NAME NAME U000000081772 STREET ADDRESS STREET ADDRESS 2640 NE 23 STREET 03/08/04-80161-025 150:00 CITY-S1-ZIP CITY ST-ZIP POMPANO BEACH FL 33062 Delete ☐ Change ☐ Addition TETEF TITLE ZSAK, THOMAS NAME NAME 1731 S.W. 1ST TERRACE STREET ADDRESS STREET ANDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY - ST - ZIP Addition ☐ Change TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: