2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015637

Address:

City-St-Zip:

PO BOX 190148

FORT LAUDERDALE, FL 333190148

Entity Name: HAPPY BROTHER'S PROPERTY, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 190148 4699 N. STATE ROAD 7 FORT LAUDERDALE, FL 333190148 SUITE T TAMARAC, FL 33319 **Current Mailing Address:** New Mailing Address: PO BOX 190148 PO BOX 190148 FORT LAUDERDALE, FL 333190148 FORT LAUDERDALE, FL 33319 FEI Number: 74-3027022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OULOVIO, BENJAMIN 7411 NW 39TH STREET LAUDERHILL, FL 33319 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NESTOR, ACSENE NESTOR, KARL Name: Name: PO BOX 190148 PO BOX 190148 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333190148 City-St-Zip: FORT LAUDERDALE, FL 333190148 Title: VD Title: TD () Delete (X) Change () Addition Name: NESTOR, KARL Name: BENJAMIN, OULOVIO PO BOX 190148 7411 NW 39TH STREET Address: Address: FORT LAUDERDALE, FL 333190148 LAUDERHILL, FL 33319 City-St-Zip: City-St-Zip: () Delete Title: SD Title: () Change () Addition MONPREMIER, MARGUERITE Name: Name: PO BOX 190148 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333190148 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition BENJAMIN, OULOVIO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: OULOVIO BENJAMIN TD 01/09/2007