

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015637

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: HAPPY BROTHER'S PROPERTY, INC.

## Current Principal Place of Business:

4699 N. STATE ROAD 7  
SUITE T  
TAMARAC, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 190148  
FORT LAUDERDALE, FL 33319

## New Mailing Address:

FEI Number: 74-3027022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OULOVIO, BENJAMIN  
7411 NW 39TH STREET  
LAUDERHILL, FL 33319      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: PD ( ) Delete  
Name: NESTOR, KARL  
Address: PO BOX 190148  
City-St-Zip: FORT LAUDERDALE, FL 333190148

Title: TD ( ) Delete  
Name: BENJAMIN, OULOVIO  
Address: 7411 NW 39TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: SD ( ) Delete  
Name: MONPREMIER, MARGUERITE  
Address: PO BOX 190148  
City-St-Zip: FORT LAUDERDALE, FL 333190148

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NESTOR, KARL  
Address: 171 SHEFFILED LN  
City-St-Zip: POWDER SPRINGS, GA 30127

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

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

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: OULOVIO BENJAMIN

TD

02/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date