


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # H66819 1. Entity Name HAPPY DISCOUNT CORPORATION	
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Principal Place of Business 14 N.E. 1ST AVENUE SUITE 1200 MIAMI, FL 33132	Mailing Address 14 N.E. 1ST AVENUE SUITE 1200 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

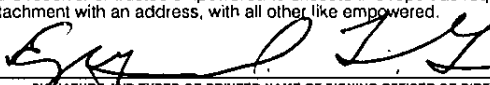
4. FEI Number 59-2562947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUEVARA, EZEQUIEL L. 14 N.E. 1ST AVENUE SUITE 1200 MIAMI, FL 33132
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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.	U00000570259 07/14/06-80007-003 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUEVARA, EZEQUIEL L. 10201 SW 64 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/14/06 305-774-7441 <small>Date Daytime Phone #</small>

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