FILED
May 02, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032628

1. Entity Name
HAPPY ENTERPRISES ONE, LLC

Principal Place of Business	Mailing Address
10939 MYSTIC CIRCLE, APT. 202 ORLANDO, FL 32836	10939 MYSTIC CIRCLE, APT. 202 ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

04252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0256094

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAJA, ABDUL
10939 MYSTIC CIRCLE, APT. 202
ORLANDO, FL 32836

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000355717
05/04/05-80006-009 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAJA, ABDUL
STREET ADDRESS	10939 MYSTIC CIRCLE, APT. 202
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Abdul Raja 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #