2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000076481

1. Entity Name
HAPPY FOOD, LLC

Principal Place of Business	Mailing Address
7331 SW 12 STREET MIAMI, FL 33144	7331 SW 12 STREET MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172007   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
20-1786818	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUEZ, MARIA C 7331 SW 12 STREET MIAMI, FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGR	TITLE	☐ Change	☐ Addition
NAME	MARQUEZ, MARIA C	NAME		
STREET ADDRESS	7331 SW 12 STREET	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144 ☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	U00000684034	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	04/06/07-80016-013 50.00	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		

11. 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 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: _Maria C. Marquez_   1-17-07   (305) 963-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #