


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M41748
 1. Entity Name
WE'RE HAVING A PARTY, INC.



Principal Place of Business 14260 SW 136TH ST. #18 MIAMI, FL 33186 US	Mailing Address 14260 SW 136TH ST. #18 MIAMI, FL 33186 US
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04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2741734	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
BAILEY, MARTIN & ASSOCIATES
 300 N.W. 183RD ST.
 MIAMI, FL 33189

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUERRA-POWERS, FRANCINE 8465 S.W. 141ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, JOSEPH 8465 S.W. 141ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCY GUERRA-POWERS, FRANCINE 8465 S.W. 141 ST. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/06-80085-025 150.00

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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: Francine Powers FRANCINE POWERS 4/29/06 (305) 253-0436
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #