

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000736

FILED
Apr 08, 2005
Secretary of State

Entity Name: HAPPY FACES FOUNDATION INC.

Current Principal Place of Business:

1045 CABO BLANCO AVENUE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 330267
ATLANTIC BEACH, FL 322330267

New Mailing Address:

FEI Number: 65-0987954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLA, FERNANDO E
1045 CABO BLANCO AVENUE
ATLANTIC BEACH, FL 32233 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLA, FERNANDO E
Address: 1045 CABO BLANCO AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S () Delete
Name: WARD, JESSICA
Address: 916 HIBISCUS ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: V () Delete
Name: AGUERO, KENT
Address: 859 SW 154 PATH
City-St-Zip: MIAMI, FL 33194

Title: T () Delete
Name: BACKOFTEN, KENNETH
Address: 11349 SW 74 ST
City-St-Zip: MIAMI, FL 331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO E. SOLA

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date