

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 032 ****61.25

DOCUMENT # N00000000736

1. Entity Name
HAPPY FACES FOUNDATION INC.



Principal Place of Business
**1045 CABO BLANCO AVENUE
 ATLANTIC BEACH, FL 32233**

Mailing Address
**PO BOX 330267
 ATLANTIC BEACH, FL 32233-0267**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

40009949



01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0987954

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **SOLA, FERNANDO E**
 STREET ADDRESS **1045 CABO BLANCO AVENUE**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **WARD, JESSICA**
 STREET ADDRESS **916 HIBISCUS ST**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **S** Change Addition
 NAME **CRISTINA SOLA**
 STREET ADDRESS **1045 CABO BLANCO AVE.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL. 32233**

TITLE **V** Delete
 NAME **AGUERO, KENT**
 STREET ADDRESS **859 SW 154 PATH**
 CITY-ST-ZIP **MIAMI, FL 33194**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **BACKOFTEN, KENNETH**
 STREET ADDRESS **11349 SW 74 ST**
 CITY-ST-ZIP **MIAMI, FL 331**

TITLE **T** Change Addition
 NAME **NELSON RAMOS-LOPEZ**
 STREET ADDRESS **435 E 58 STREET**
 CITY-ST-ZIP **HIALEAH, FL. 33013**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-29-07** Daytime Phone # **(904) 742-5268**