

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# N00000000736

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: SOLA, CRISTINA  
Address: 1045 CABO BLANCO AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T      ( ) Delete  
Name: RAMOS-LOPEZ, NELSON  
Address: 435 E 58 STREET  
City-St-Zip: HIALEAH, FL 33013

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/05/2009

\_\_\_\_\_  
Date