

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006915

FILED
Apr 12, 2005
Secretary of State

Entity Name: HAPPI, INC.

Current Principal Place of Business:

1049 NE 33 STREET #1
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1049 NE 33 STREET #1
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZAC, GUS
1049 NE 33 STREET #1
FT LAUDERDALE, FL 33334 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: PD () Delete
Name: VAZAC, GUS
Address: 1049 NE 33 STREET #1
City-St-Zip: FT LAUDERDALE, FL 33334

Title: VD () Delete
Name: WILSON, RICK
Address: 5033 NW 81ST TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD () Delete
Name: WILSON, SUE
Address: 5033 NW 81ST TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TD () Delete
Name: KING, LAURA
Address: 420 NE 43RD STREET
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SIDDIQUI, M. FARHAN MD
Address: 14838 MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: PETRUZZI, CHARLES M
Address: 2965 SW 22 ND AVE #207
City-St-Zip: DELRAY BEACH, FL 33445

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:

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: GUS VAZAC

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date