

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90061 001 \*\*\*\*75.00

**DOCUMENT # N04000001209**

1. Entity Name  
**HAPPY FOUNDATION, INC.**



Principal Place of Business  
**425 SE 11TH TERRACE, # 205  
DANIA BEACH, FL 33004**

Mailing Address  
**P.O. BOX 937  
DANIA BEACH, FL 33004**

**50026150**



**DO NOT WRITE IN THIS SPACE**

08202006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**30-0325686**

Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132**

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

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	PTD STETTER, PURA 425 SE 11TH TERRACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLANUEVA, YURI 2700 FOREST HILLS BLVD #103 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLANUEVA, VINCENT 2700 FOREST HILLS BLVD #103 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANOS, RAQUEL 2700 FOREST HILLS BLVD #103 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Pura Stetter* **PURA STETTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-19-06 954-5018421**  
Date Daytime Phone #