

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004022

FILED
Jan 06, 2008
Secretary of State

Entity Name: HAPPY FACES SKILLS CENTER, INC

Current Principal Place of Business:

4680 W. 13 LANE
426
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4680 W. 13 LANE
426
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8896778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MARIA V.
4680 W. 13 LANE
426
HIALEAH, FL 33012 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: PEREZ, MARIA V.
Address: 4680 W. 13 LANE #426
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: SUAREZ, VICTOR SR.
Address: 4680 W. 13 LANE #426
City-St-Zip: HIALEAH, FL 33012

Title: S.T. () Delete
Name: CANETE, LUIS SR.
Address: 2850 E. 5 TH AVE APT. 4 A
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: MARIA V. PEREZ

PRES

01/06/2008

Electronic Signature of Signing Officer or Director

Date