

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004022

**FILED**  
**Jan 06, 2010**  
**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  
**Name:** PEREZ, MARIA V.  
**Address:** 4680 W. 13 LANE #426  
**City-St-Zip:** HIALEAH, FL 33012

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

**Title:** T.  
**Name:** CANETE, LUIS SR.  
**Address:** 2850 E. 5 TH AVE APT. 4 A  
**City-St-Zip:** HIALEAH, FL 33013

**Title:** S.  
**Name:** SUAREZ, LIANNE  
**Address:** 4680 W. 13 LANE # 426  
**City-St-Zip:** HIALEAH, FL 33012

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA VICTORIA PEREZ

P

01/06/2010

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

\_\_\_\_\_  
Date