



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 043 ***150.00

DOCUMENT # P00000054633 1. Entity Name HAPPY STAR AUTO SALES, INC.					
Principal Place of Business 705 N.W. 10TH PLACE MIAMI, FL 33125			Mailing Address 1688 CORAL WAY MIAMI, FL 33145		
2. Principal Place of Business 2651 NW 23 St Suite, Apt. #, etc.		3. Mailing Address 1688 Coral Way Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami FL		4. FEI Number 65-1015277	
Zip 33142		Zip 33129		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ IBZAN 2250 NW 26 AVE MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Cruz IBZAN Street Address (P.O. Box Number is Not Acceptable) 2651 NW 23 St City Miami FL Zip Code 33142	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CINTRA, RAYSA 2250 NW 26 AVE MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Cintra, Rayssa 2651 NW 23 St Miami, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRUZ, IBZAN 2250 NW 26 AVE MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Cruz, IBZAN 2651 NW 23 St Miami, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Date **04/24/06** Daytime Phone # **786 299-1082**