

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90073 038 ***150.00

DOCUMENT # P00000076985

1. Entity Name
HAPPY EMPIRE, INC.



Principal Place of Business

**1521 ALTON RD
SUITE #362
MIAMI BEACH, FL 33139**

Mailing Address

**1521 ALTON RD
SUITE #362
MIAMI BEACH, FL 33139**

J4001110

2. Principal Place of Business

**727 Collins Avenue
Suite, Apt. #, etc.
Suite PH#10**

3. Mailing Address

**727 Collins Avenue
Suite, Apt. #, etc.
Suite PH#10**

01222004

Chg-P

CR2E034 (10/03)

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1032311

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIBUCH, KENNETH H ESQ.
2100 CORAL WAY
SUITE 403
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LOUIS, TODD**
STREET ADDRESS **727 COLLINS AVENUE PH10**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
NAME **ADAMS, ROB**
STREET ADDRESS **1301 IOWA ST. #4**
CITY-ST-ZIP **ASHLAND, OR 97520**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE X **Todd Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

(305) 467-8612

Daytime Phone #