

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 049 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000050030

1. Entity Name

LOVE AND HAPPINESS, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1190 N.W. 95TH ST.		3. Mailing Address 1190 N.W. 95TH ST.		4. FEI Number 651112354		Applied For
Suite, Apt. #, etc. STE. 306		Suite, Apt. #, etc. STE. 306		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State MIAMI FL		City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip 33150	Country USA	Zip 33150	Country USA			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Registered Agent			
Name MAURICE A SPENCE			
Street Address (P.O. Box Number is Not Acceptable)			
1190 N.W. 95TH ST., STE. 306			
City	MIAMI	FL	Zip Code 33150

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.

SIGNATURE: Maurice Spence MAURICE A SPENCE DATE: 04-02-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVST SPENCE, MAURICE A 1190 N.W. 95TH ST., STE. 306 MIAMI FL 33150	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maurice Spence MAURICE A SPENCE, DPVST DATE: 04-02-03
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034B (12/01)