


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90070 019 \*\*\*150.00

<b>DOCUMENT # P01000060904</b> 1. Entity Name HAPPY VIDEOS PLUS ENTERPRISES, INC.	
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Principal Place of Business 395 N. POINCIANA BLVD. MIAMI, FL 33166-4628	Mailing Address 15302 SW 39 TERR MIAMI, FL 33185
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20017382

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 395 N. POINCIANA BLVD Suite, Apt. #, etc.
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City & State MIAMI SPRINGS, FL	4. FEI Number 65-1114085	Applied For Not Applicable
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Zip 33166	Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERA, MARIANELA 15302 SW 39TH TERR MIAMI, FL 33185	7. Name and Address of New Registered Agent Name: RAUL RIVERA Street Address (P.O. Box Number is Not Acceptable): 395 N. POINCIANA BLVD City: MIAMI SPRINGS FL Zip Code: 33166
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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: X Quira DATE: 2/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, MARIANELA 15302 SW 39TH TERR MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUL RIVERA 395 N. ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Change <input checked="" 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
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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 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 Quira PRESIDENT DATE: 2/21/05 DAYTIME PHONE: 305-888-5696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR