2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 16, 2006 08:00 AM Secretary of State

DOCUMENT # P02000011814 1. Entity Name HAPPY VENDING MACHINES INC.					Secre	іаі у	oi State	
1	2ND AVENUE	nailing Address 4415 WEST 2ND AVENUE HIALEAH, FL 33012		i idanidari ili	Beild Weil Beilf Beilf Sex	51 26(8) 51 03) 5	naak sakal khas ahasaal ki saas	
C	OO NOT WRITE I	CE	03132006 No Chg-P CR2E034 (11/05) 4. FEI Number					
6. Name and Address of Current Registered Agent LOPEZ, RAUL 4415 WEST 2ND AVENUE HIALEAH, FL 33012 6. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE Signature, typed or printed name of registered egent and time if applicable (NOTE, Registere PIE NOWILL FEE IS \$150.00 9. Election Campaign Final Arter May 1, 2006 Fee will 58 \$550.00			ed Agent signature required incling \$5	OO May Be	03/28/06 03/28/06	347055 -80020	8 1-811 150.00	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE HAME STREET ADDRESS CITY-SI-ZIP TITLE HAME HAME	OFFICERS AND DIRE D LOPEZ, RAUL 4415 WEST 2ND AVENUE HIALEAH, FL 33012	CTORS						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Y-ST-ZIP LE ME			DO NOT WRITE IN THIS SPACE				

12. Thereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE: __

City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-2IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-06 305-591-9448
Date Date Descript Phone >