

02/17/2006 10:05 305-445-4971

FILED
Feb 27, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000016200

1. Entity Name
HAPPY PARTNERS, INC.



Principal Place of Business
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0467592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 first filing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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**
NAME **ACEDO, WENCESLAO**
STREET ADDRESS **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **ACEDO, RITA**
STREET ADDRESS **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **ACEDO, WENCESLAO JR**
STREET ADDRESS **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **ACEDO, MARIANELA**
STREET ADDRESS **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1100000450229
03/09/06-80085-013 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wenceslao Acedo

2/21/06

Date

(305) 444-1741

Daytime Phone