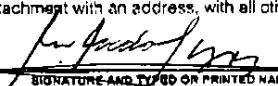


FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90043 022 ***150.00

**2007 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	
DO NOT WRITE IN THIS SPACE			
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 file if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEDO, WENCESLAO 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEDO, RITA 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEDO, WENCESLAO JR 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEDO, MARIANELA 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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  Wenceslao Acedo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/14/07 (305) 444-1741 Daytime Phone #	

40019629



01182007 No Chg-P CR2C034 (11/05)

4. FEI Number 45-0467592	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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