## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016200

Entity Name: HAPPY PARTNERS, INC.

FILED Feb 16, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 45-0467592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: ACEDO, WENCESLAO

Address: 901 PONCE DE LEON BLVD SUITE 603

City-St-Zip: CORAL GABLES, FL 33134

Title: D

Name: ACEDO, RITA

Address: 901 PONCE DE LEON BLVD SUITE 603

City-St-Zip: CORAL GABLES, FL 33134

Title: D

Name: ACEDO, WENCESLAO JR

Address: 901 PONCE DE LEON BLVD SUITE 603

City-St-Zip: CORAL GABLES, FL 33134

Title:

Name: ACEDO, MARIANELA

Address: 901 PONCE DE LEON BLVD SUITE 603

City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WENCESLAO ACEDO D 02/16/2011