

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000026122

1. Entity Name

HAPPY HOME LENDING CORPORATION



Principal Place of Business

16710 NW 54 CT
MIAMI LAKES, FL 33016

Mailing Address

% IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE #507
MIAMI, FL 33131



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0053153

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE #507
MIAMI, FL 33131

**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 reinstating)

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**

U000000920344
05/14/08-80040-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HERNANDEZ, REINALDO D
STREET ADDRESS	16710 NW 84TH COURT
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	DV
NAME	HERNANDEZ, ALINA M
STREET ADDRESS	16710 NW 84 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.22.08

305-371-9213

Reinaldo D. Hernandez, President