

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105806

Entity Name: HAPPY MAIDS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

6702 N. GUNLOCK AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6702 N. GUNLOCK AVE.
TAMPA, FL 33614

New Mailing Address:

P.O. BOX 272457
TAMPA, FL 33688 US

FEI Number: 55-0799401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ZAYAS, PETER A
P.O. BOX 272457
TAMPA, FL 33688 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: PETER ZAYAS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAYAS, PETER
Address: 6702 N. GUNLOCK AVE.
City-St-Zip: TAMPA, FL 33614

Title: D (X) Delete
Name: ZAYAS, GRETCHEN
Address: 6702 N. GUNLOCK AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER ZAYAS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date