FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2003 8:00 am **Secretary of State** P02000105806 DOCUMENT # 05-05-2003 90712 048 ***150.00 1. Entity Name HAPPY MAIDS, INC. Mailing Address Principal Place of Business 6702 N. GUNLOCK AVE. 55051453 6702 N. GUNLOCK AVE. **TAMPA FL 33614 TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Gunlock Au 60Fo 0102 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Ωڪر Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 2918 BUSCH LAKE BLVD. **TAMPA FL 33614** City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete ZAYAS, PETER NAME NAME 6702 N. GUNLOCK AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change ZAYAS, GRETCHEN NAME NAME 6702 N. GUNLOCK AVE. STREET ADDRESS STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

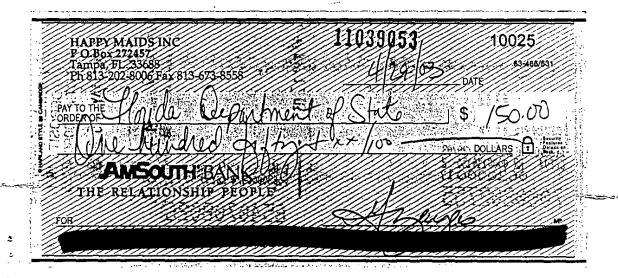
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trachanged, or on an attachment with a stee empowered to execute this report as required by Chapter 607-Florida Statutes; and that my name appears in Block 10 or Block 11 if

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SIGNATURE:

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Attachment# 55051453 P02000105806



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