


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051647
 1. Entity Name
 HAPPY FOOTS OF MIAMI INC.



Principal Place of Business: 330 S.W. 27TH AVENUE, SUITE 103 MIAMI, FL 33135
 Mailing Address: 330 S.W. 27TH AVENUE, SUITE 103 MIAMI, FL 33135



DO NOT WRITE IN THIS SPACE

02262005 No Chg-P CR2E034 (10/03)

4. FEI Number: 20-0041467 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ-CANALS, PILAR
 330 S.W. 27TH AVENUE, SUITE 103
 MIAMI, FL 33135

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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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

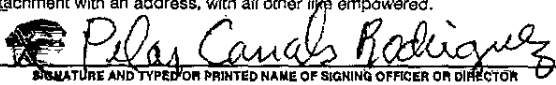
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ CANALS, PILAR
STREET ADDRESS	330 S.W. 27TH AVENUE, SUITE 103
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	RODRIGUEZ, EVA A
STREET ADDRESS	330 S.W. 27TH AVENUE, SUITE 103
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

SIGNATURE:  2/26/05 305-261-0251
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #