


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90051 008 ***150.00

DOCUMENT # P03000051647			
1. Entity Name HAPPY FEET 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	
2. Principal Place of Business - No P.O. Box # 540 Brickell Key Drive		3. Mailing Address 540 Brickell Key Drive	
Suite, Apt. #, etc. 1001		Suite, Apt. #, etc. 1001	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country Dade	Zip 33131	Country Dade
6. Name and Address of Current Registered Agent RODRIGUEZ-CANALS, PILAR 330 S.W. 27TH AVENUE, SUITE 103 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: Pilar Rodriguez Canals Street Address (P.O. Box Number is Not Acceptable): 540 Brickell Key Drive, # 1001 City: Miami FL Zip Code: 33131	
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: <u>X Pilar Canals Rodriguez</u> DATE: <u>1/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ CANALS, PILAR 330 S.W. 27TH AVENUE, SUITE 103 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pilar Rodriguez-Canals <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 Brickell Key Drive #1001 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EVA A 330 S.W. 27TH AVENUE, SUITE 103 MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eva Campos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 Brickell Key Drive, #1001 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X Pilar Canals Rodriguez</u>		Date: <u>1/11/07</u>	Daytime Phone #: <u>3052616251</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

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01112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0041467 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required