

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000051647



1. Entity Name
 HAPPY FOOT'S OF MIAMI INC.

Principal Place of Business
 540 BRICKELL KEY DRIVE
 1001
 MIAMI, FL 33131

Mailing Address
 540 BRICKELL KEY DRIVE
 1001
 MIAMI, FL 33131



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
 540 BRICKELL KEY DRIVE
 1001
 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ CANALS, PILAR
STREET ADDRESS	540 BRICKELL KEY DRIVE #1001
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	CAMPOS, EVA
STREET ADDRESS	540 BRICKELL KEY DRIVE #1001
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000952347
 06/04/08-80076-022-150.00

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: *X Pilar Canals Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08
Date

3052616251
Daytime Phone #