

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

05-01-2006 90403 043 ***150.00

DOCUMENT # P04000018532

1. Entity Name
HAPPY ALWAYS, INC.



Principal Place of Business
**7120 WEST TROON CIRCLE
MIAMI LAKES, FL 33014**

Mailing Address
**7120 WEST TROON CIRCLE
MIAMI LAKES, FL 33014**

66022082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

APPLIED FOR 20-5214505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, GERARDO
7120 WEST TROON CIRCLE
MIAMI LAKES, FL 33014**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DIAZ, GERARDO**
STREET ADDRESS **7120 WEST TROON CIRCLE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/06

355-591-2257

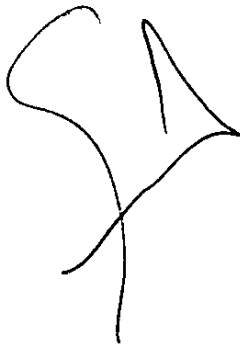
ATTACHMENT

66033082
P04000018532

July 18, 2006

To whom this may concern:

I am writing concerning a notice of intent to dissolve card that I received in the mail. I spoke to one of your representatives over the phone and was told that the form had been rejected because it lacked the FEI number. The check was cashed but we never received any notice that the application had been rejected. She told me to file this form again with the FEI number. I've submitted a new form and asking for a waiver of any late fees that might apply since we had no knowledge that the form had been rejected. I would appreciate if I can get some type of verification once this form has been filed. Thank you very much for your assistance with this case



Gerardo Diaz