2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 04, 2008 08:00 A Secretary of State **DOCUMENT # P04000129489** 1. Entity Name HAPPY SUN FLORIDA, INC. Principal Place of Business Mailing Address 2145 SW 76 AVE 2145 SW 76 AVE MIAMI, FL 33155 MIAMI, FL -33155 No Chg-P 02012008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1620591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BETANCOURT, ELIA DO NOT WRITE 2145 SW 76 AVE MIAMI, FL 33155 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BETANCOURT, ELIA NAME STREET ADDRESS 2145 SW 76 AVE CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS :: U000000815959 . • CITY-ST-ZIP 02/14/08-80030-006 .150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

FILED