FILED
Aug 09, 2005 8:00 am
Secretary of State
04-18-2005 90316 044 ***150.00

4/1

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165632

1. Entity Name
HAPPY DAYS CLUB FOR SIGNIFICANT LOVERS, INC.

66025668

Principal Place of Business	Mailing Address
~~20301 W. COUNTRY CLUB DR. #2629~~ ~~AVENTURA, FL 33180~~	~~20301 W. COUNTRY CLUB DR. #2629~~ ~~AVENTURA, FL 33180~~

54-2179129

03142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20281 E COUNTRY CLUB DR	20281 E. COUNTRY CLUB DR.
Suite, Apt. #, etc. PH 15	Suite, Apt. #, etc. PH 15
City & State AVENTURA FL	City & State AVENTURA, FL.
Zip 33180 Country MIAMI-DADE	Zip 33180 Country MIAMI-DADE

4. FEI Number do not apply ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERHAND, BEVERLY
19101 MYSTIC POINT DR. #401
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERHAND, BEVERLY 19101 MYSTIC POINT DR. #401 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TROSTERMAN, CAROLE 20301 W. COUNTRY CLUB DR. #2629 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREENFIELD, SAUL 220 POINCIANA ISLAND DR. SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Saul Greenfield 4/14/05 (305) 792-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

06U25668

Happy Days Club for Significant Lovers, Inc.
20281 East Country Club Drive #PH15
Aventura, Florida 33180

June 8, 2005

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Happy Days Club for Significant Lovers, Inc.
Ref. No. P04000165632

Please be advised that due to a change of address the above was just recently received. Would you kindly change the corporate address to :

20281 East Country Club Drive #PH15
Aventura, Florida 33180

Federal Employment Identification(FEI)

Please be advised that the corporation has not become active as of this date, as we do not have a corporate bank account or an employee. Therefore, we have not applied for an FEI number.

If it is essential that we must have the FEI number then we will apply immediately.

We await your instructions.

Sincerely,

Happy Days Club For Significant Lovers, Inc.

Saul Greenfield

By: Saul Greenfield

08/03/2005 19:31 FAX 6316546522 ATTACHMENT 660025668 001/001

#P04000165632

JUL-07-05 02:16 PM SAULGREENFIELD P.01

54-2179129

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
HAPPY DAYS CLUB FOR SIGNIFICANT LOVERS INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
C/O SAUL GREENFIELD

4a Mailing address (room, apt., suite no. and street, or P.O. box)
20871 E. COUNTRY CLUB DRIVE APT PH 2E

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
AVENTURA FL. 33180-3426

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MIAMI-DADE, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
BECKY GREENFIELD

7b SSN, ITIN, or EIN
089-22-7485

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: FLORIDA Foreign country:

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☑ Banking purpose (specify purpose) ▶ CLUB ACTIVITIES
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
NA

11 Closing month of accounting year
NA

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶ Agricultural: N/A Household: N/A Other: NA

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) N/A

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ SAUL GREENFIELD, TREASURER | Applicant's telephone number (include area code) (305) 792-[illegible]

Signature ▶ [signature] Date ▶ 7/7/05 | Applicant's fax number (include area code) (305) 792-[illegible]

Too late to call

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)